			Return of	Organization Exe	empt F	rom Inco	ome Tax	ОМВ No. 1545-0047
Forr	n Y	90		27, or 4947(a)(1) of the Inter		• •	• •	
		of the Treasury enue Service		er Social Security numbers on about Form 990 and its ins		-	•	Open to Public Inspection
			ndar year, or tax year beg		1 , 2019, a			/30, 20 20
_		C Nam	e of organization U.S. COMM			<u></u>	D Employer identific	
В с	heck if a	and an interview.	MIGRANTS, INC.					
	Addr		g Business As				13-1878704	Ł
	Name	e change Num	ber and street (or P.O. box if mail	is not delivered to street address)	Ro	oom/suite	E Telephone number	r
	Initia		31 CRYSTAL DRIVE			350	(703) 310-1	130
		inated 7	or town, state or province, country					
	Amer retur	n	LINGTON, VA 22202-		-		G Gross receipts \$	73,742,621.
	pend	ing	e and address of principal officer:	ESKINDER NEGASI	H		H(a) Is this a group return subordinates?	
-	Tavra		$\begin{array}{ c c c c } \text{ME AS } & \text{"C" ABOVE} \\ \hline X & 501(c)(3) & 501(c) \\ \hline \end{array}$			507	H(b) Are all subordinates in	
		empt status:	X 501(c)(3) 501(c) (GEES.ORG	(insert no.) 49	947(a)(1) or	527	If "No," attach a list	
		of organization:	X Corporation Trust	Association Other		L Year of forma	tion: 1958 M State	
	artl	Summary						
	1		, ibe the organization's mission	or most significant activities:	SEE SCH	EDULE O		
é		,						
Governance								
verr	2	Check this be	ox 🕨 🔄 if the organization	discontinued its operations of	or disposed of	of more than 25%	6 of its net assets.	
	3	Number of ve	oting members of the governir	ng body (Part VI, line 1a)			3	14.
Activities &	4		dependent voting members o					14.
vitie	5	Total numbe	r of individuals employed in ca	alendar year 2019 (Part V, line	2a)		5	571.
cti	6		r of volunteers (estimate if nece	**				280.
∢			ed business revenue from Part					<u> </u>
	b	Net unrelated	d business taxable income fror	n Form 990-T, line 34		<u></u>		<u> </u>
		0 1 1 1					Prior Year 66,668,776.	Current Year 69,959,672.
IUe	8		and grants (Part VIII, line 1h)		COPY F	OR	2,863,617.	2,979,493.
Revenue	9 10		vice revenue (Part VIII, line 2g) ncome (Part VIII, column (A), li			PECTION	638,929.	147,953.
Re	11		ie (Part VIII, column (A), lines				0.	64,878.
	12		e - add lines 8 through 11 (mu	= =			70,171,322.	73,151,996.
	13		similar amounts paid (Part IX, c				44,266,713.	42,687,746.
	14		to or for members (Part IX, co				0.	0.
ş	15	• • • •			es 5-10)		17,078,753.	22,317,025.
Expenses	16a	Professional	er compensation, employee be fundraising fees (Part IX, colun sing expenses (Part IX, column	nn (A), line 11e)			0.	0.
ad X:	b							
ш	17	Other expense	ses (Part IX, column (A), lines	11a-11d, 11f-24e)			7,536,536.	6,626,387.
	18		es. Add lines 13-17 (must equ				68,882,002.	71,631,158.
- 0	19	Revenue less	s expenses. Subtract line 18 fro	om line 12			1,289,320.	1,520,838.
Net Assets or Fund Balances		Tatal					nning of Current Year 27, 172, 060.	End of Year 29,209,640.
Asse Bala	20	Total assets ((Part X, line 16)			••••	13,919,696.	14,257,029.
let ∕	21 22		es (Part X, line 26) r fund balances. Subtract line :			•••••	13,252,364.	14,952,611.
	rt II	Signatur					13723273011	11/202/011
			y, I declare that I have examined	this return, including accompanyi	ing schedules	and statements,	and to the best of my k	nowledge and belief, it is
true	e, corre	ect, and complet	e. Declaration of preparer (other th	nan officer) is based on all informat	tion of which	preparer has any k	nowledge.	
Sig		Signatu	ire of officer				Date	
He	re	ESKI	NDER NEGASH		PRESIDE	NT & CEO		
			print name and title		Χ			
Paic	<u> </u>	Print/Type pr		Preparer's signature		Date		PTIN
	a parer	MARC BI	ERGER	// // Aauc// Su	ly	5/4/2021		P01871563
	Only	Firm's name	▶ BDO USA, LLP	11/1E	/			5381590
			s ▶ 8401 GREENSBORC					-893-0600
			his return with the preparer sho			<u></u>	<u></u>	X Yes No
⊢or	rape	rwork Reduc	tion Act Notice, see the separ	ate instructions.				Form 990 (2019)

For	m 990 (2019) Page 2
P	art III Statement of Program Service Accomplishments
_	Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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.)
70	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.
40	(Code:
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.)
_	Total program service expenses ► 71,201,985.
JSA 9E1	020 2.000 Form 350 (2019)
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Form 9	990 (2019)		F	Page 3
Part	IV Checklist of Required Schedules			
	In the experimetion described in section $(204/2)(2)$ on $4047/2)(4)$ (other then a private foundation) (2.16)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		v
~	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
	"Yes," complete Schedule D, Part I.	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	–		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			Х
Ь	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11c		A
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 14a	X	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
47	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	– "		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		х
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L. Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
-•	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	0.0-		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
50	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N. Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		х
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	51		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 75			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 571			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country EL SALVADOR			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes." complete Form 4720. Schedule Q.	16		X

Form **990** (2019)

Form 9	U.S. COMMITTEE FOR REFUGEES AND 13-187	8704	F	Page 6
Par	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.			tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			x
Cast	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9)	A
Seci	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coue	.) Yes	No
		10a	X	
	Did the organization have local chapters, branches, or affiliates?	TUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	х	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a		x
11a		11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	120		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	х	
12	Did the organization have a written whistleblower policy?	13	Х	
13 14		14	Х	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ivu	with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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-	Г (Sec	tion 5	501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		-	. ,
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est c	oolicy,
	Describe on Benedule o whether (and it so, now) the organization made its governing documents, connect			

					possesses the organization'	s books and records
ESKINDER NEGASH'	2231 CRYST	AL DRIVE, SU	ITE 350 ARLIN	NGTON, VA 22202-3	3794 703-310-1130	-

cto	000	Kov F	Employoos	Highoot	Componented	Employage	and
OR	K L I	COGEES	AND		13-10	/0/04	Page I

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

(A) Name and title	(B) Average hours per week							(D) Reportable compensation from the organization	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations	
(1) ESKINDER NEGASH	40.00										
PRESIDENT, CEO	0.			x				258,293.	0.	23,810.	
(2)LEE WILLIAMS	40.00										
SENIOR VICE PRESIDENT	0.			X				244,326.	0.	35,683.	
(3) ANNAMARIE BENA	40.00										
VICE PRESIDENT	0.			X				176,285.	0.	6,530.	
(4)WONY PAK	40.00										
DIRECTOR OF MIS	0.					х		147,558.	0.	30,426.	
(5) SABA BERHANE	40.00										
DIRECTOR OF PROGRAMS	0.					X		143,856.	0.	18,990.	
(6) PREETI KANODIA	40.00										
DIRECTOR OF BUSINESS DEVELOPME	0.					X		136,935.	0.	15,927.	
(7) KATHERINE CROST	1.00										
CHAIR	0.	Х		X				0.	0.	0.	
(8) KATHARINE LAUD	1.00										
VICE CHAIR	0.	Х		X				0.	0.	0.	
(9)SCOTT WU	1.00										
TREASURER	0.	Х		Х				0.	0.	0.	
(10) KEVIN BEARDEN	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(11) DIANN DAWSON	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(12) EARL JOHNSON	1.00										
DIRECTOR	0.	Х						0.	0.	0.	
(13) GENE DEFELICE	1.00										
SECRETARY	0.	Х		Х				0.	0.	0.	
(14) JOHN MONAHAN	1.00										
DIRECTOR	0.	Х						0.	0.	0.	

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(A) Name and title	(B) Average hours per week (list any hours for	age Position (do not check more than or ist any s for officer and a director/truste					an :e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		other compensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organization and related organizations	
5) JEFFREY KELLEY DIRECTOR	1.00	x						0.		0.		
6) SAM UDANI DIRECTOR	1.00	X						0.		0.		
7) JEFFREY METZGER DIRECTOR	1.00	x						0.		0.		
8) LINDA THOMAS-GREENFIELD DIRECTOR	1.00 0.	x						0.		0.		
9) HELEN KANOVSKY DIRECTOR	1.00 0.	x						0.		0.		
0) REGIS MCDONALD DIRECTOR	1.00 0.	x						0.		0.		
				_			_					
				_								
1b Sub-total c Total from continuation sheets to Part VII, S		 	 			· · ·		1,107,253.		0.	131,36	
 d Total (add lines 1b and 1c)	limited to tl		listed				red	1,107,253. ceived more than	\$100,000 of	0.	131,36	
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched											Yes N	
4 For any individual listed on line 1a, is the organization and related organizations grain individual.	sum of rep eater than	ortab \$15	le c 0,00	omj 00?	pens <i>If</i>	sation <i>"Yes,</i>	an "c	nd other compens complete Schedu	sation from the	e h	4 X	
 Did any person listed on line 1a receive or for services rendered to the organization? If "Ya 	accrue col	mpen	satic	on f	rom	any	unr	elated organization	on or individua	al	5 2	
Section B. Independent Contractors												
 Complete this table for your five highest com compensation from the organization. Report of year. 												
(A) Name and business add	Iress							(B) Description of se	rvices	Co	(C) ompensation	
ATTACHMENT 3												
							1					

		Check if Schedule O c	ontains a respor	nse or note to ar	ny line in this Part \	/		<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ss	1a	Endersted campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		a Federated campaigns 1a b Membership dues 1b						
IJ, C		•						
ts, Ar	С Д	Fundraising events						
ilar	d	Related organizations		CT 74C 000				
in's,	e	Government grants (contrib		67,746,282.				
rio S	f	All other contributions, gifts,	-					
the		and similar amounts not include		2,213,390.				
ĞŢ	g	Noncash contributions inclu		~				
Sor		lines 1a-1f			60.050.680			
	n	Total. Add lines 1a-1f			69,959,672.			
ð				Business Code	1 005 001	1 005 001		
vic	2a	IOM COLLECTION FEES		900099	1,086,991.	1,086,991.		+
Ser	b	INTERPRETATION		900099	689,420.	689,420.		
Program Service Revenue	c	CHILD CARE SERVICES		900099	206,865.	206,865.		
gra Re	d	IMMIGRATION SERVICES		900099	402,470.	402,470.		
lõ	е	MEMBER AGENCY DUES		900099	142,751.	142,751.		
α.	f	All other program service re		L	450,996.	450,996.		
	g	Total. Add lines 2a-2f			2,979,493.			
	3	Investment income (inclu	.					
		other similar amounts)			147,953.			147,953.
	4	Income from investment of		•	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	64,878.					
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	64,878.					
	d	Net rental income or (loss) .	<u></u>	<u></u>	64,878.			64,878.
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	590,625.					
e	b	Less: cost or other basis						
Revenue		and sales expenses 7b	590,625.					
é	c	Gain or (loss) 7c						
	d	Net gain or (loss)	<u></u>		0.			
Other	8a	Gross income from	fundraising					
Ó		events (not including \$	8					
		of contributions reported						
		1c). See Part IV, line 18		0.				
	b	Less: direct expenses		0.				
	c	Net income or (loss) from f			0.			
	9a	Gross income from	gaming					
		activities. See Part IV, line 1		0.				
	b	Less: direct expenses		0.				
	c b	Net income or (loss) from		•	0.			
	10a	Gross sales of inven returns and allowances		0.				
				0.				
	b c	Less: cost of goods sold Net income or (loss) from sa			0.			
	Ť			Business Code	0.			
Miscellaneous Revenue				240				
ne	11a							+
ella ver	b							+
Sce	C L							+
Ĭ	d	All other revenue		L	0.			
	<u> </u>	Total. Add lines 11a-11d				0.070.400		010 000
	12	Total revenue. See instructi		<u> </u>	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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 38,716,139. 38,716,139. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 3,971,607. 3,971,607. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 0 4 Benefits paid to or for members 5 Compensation of current officers, directors, 744,927. 744,927 trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 16,427,659 13,603,337. 2,658,839 165,483. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 1,129,267. 921,601. 195,892 11,774. section 401(k) and 403(b) employer contributions) 2,062,975. 585,146 10,547. 2,658,668 1,105,220. 1,356,504. 238,622 12,662. Payroll taxes 10 11 Fees for services (nonemployees): 0 a Management 0 **b** Legal 0 c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 39,080 39,080. f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 21,946. 583,069 383,152. 177,971 (A) amount, list line 11g expenses on Schedule O.) 1,094. 10,219 3,800 5,325 12 Advertising and promotion 362,227. 14,396. 429,540. 52,917. 13 Office expenses 248,406. 150,597. 97,809. 14 Information technology 0 Royalties 15 2,864,488. 2,559,474. 280,135 24,879. Occupancy 16 509,342. 473,415. 35,659 268. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 33,824 13,954 19,724 146. 19 Conferences, conventions, and meetings 0 Interest 20 0 21 Payments to affiliates 156,393 164,488. 8,095. 22 Depreciation, depletion, and amortization 550,386. 515,344. 32,359. 2,683. Insurance 23 24 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.) a OVERHEAD ALLOCATION 5,690,272. -5,690,272. **h**EQUIPMENT RENTAL & REPAIR 507,929. 408,221. 95,925 3,783. 9,855. cSUBSCRIPTIONS AND REFERENCES 179,002. 91,029. 78,118 dBANK AND FINACE CHARGES 108,277. 83,289. 19,061 5,927. 78,237. 2,065. 398,337. 318,035. e All other expenses 71,631,158. 71,201,985. 141,665 287,508. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 if

0

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following SOP 98-2 (ASC 958-720)

	(2019)			Page 1 1
Part				
	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
4	Cash non interest bearing	11,289,400.	1	14,698,857
1	Cash - non-interest-bearing	73,815.	2	82,518
		8,151,298.	2	6,814,250
3	Pledges and grants receivable, net	373,906.	3 4	334,461
4	Loans and other receivables from any current or former officer, director,	3737300.	4	5517101
5	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	C
6	Loans and other receivables from other disqualified persons (as defined		5	
0	under section $4958(f)(1)$, and persons described in section $4958(c)(3)(B)$.	0.	6	C
, ,	Notes and loans receivable, net	0.	7	C
8	Inventories for sale or use	0.	8	C
	Prepaid expenses and deferred charges	432,063.	9	300,178
10	a Land, buildings, and equipment: cost or other	102,0001	9	0007270
10	basis. Complete Part VI of Schedule D 10a 2,472,215.			
	b Less: accumulated depreciation	981,077.	10c	817,925
11	Investments - publicly traded securities.	5,870,501.	11	6,161,451
12	Investments - other securities. See Part IV, line 11	0.	12	(
13	Investments - program-related. See Part IV, line 11	0.	13	(
14	Intangible assets	0.	14	(
15	Other assets. See Part IV, line 11	0.	15	(
16	Total assets. Add lines 1 through 15 (must equal line 33)	27,172,060.	16	29,209,640
17	Accounts payable and accrued expenses	7,766,045.	17	7,449,848
18	Grants payable	4,653,677.	18	4,444,219
19	Deferred revenue.	1,001,331.	19	1,597,944
20	Tax-exempt bond liabilities.	0.	20	(
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	(
	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	(
i 23	Secured mortgages and notes payable to unrelated third parties	0.	23	(
24	Unsecured notes and loans payable to unrelated third parties	0.	24	364,795
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	498,643.	25	400,223
26	Total liabilities. Add lines 17 through 25	13,919,696.	26	14,257,029
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	13,096,662.	27	14,923,879
28	Net assets with donor restrictions.	155,702.	28	28,732
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	13,252,364.	32	14,952,611
) JZ				29,209,640

U.S.	COMMITTEE	FOR	REFUGEES	AND

Form 9	90 (2019)			Paç	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	73,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,6		
3	Revenue less expenses. Subtract line 2 from line 1	3		20,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,2		
5	Net unrealized gains (losses) on investments	5	1	.79,4	
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	14,9	52,6	,11.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.				X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted on a	.		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the			
	Single Audit Act and OMB Circular A-133?		<u>3a</u>	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•		v	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3b	X	

SCHEDULE A

Internal Revenue Service

Part I

Name of the organization IMMIGRANTS,

INC.

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Department of the Treasury

OMB No. 1545-0047 Open to Public Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Employer identification number 13-1878704 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	f churches,	, or association of	churches	described in s	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).)

U.S. COMMITTEE FOR REFUGEES AND

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.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 331/3% 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 331/3% 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.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11

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.

- Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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.
- Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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.
- С 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.
- Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III е

functionally integrated, of	r Type III non-tund	ctionally integrated sup	porting c	organizati	on.							
f Enter the number of supported	d organizations											
g Provide the following informati	on about the supp	ported 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? Yes No		listed in your governing		listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes No				Yes No		Yes No	
(A)												
(B)												
(C)												
(D)												
(E)												
Total												
For Paperwork Reduction Act Notice, see th	e Instructions for For	m 990 or 990-EZ.		·	Schedule A	(Form 990 or 990-EZ) 2019						

Schedule A (Form 990 or 990-EZ) 2019

13-1878704

Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,313,115.	74,717,855.	52,515,578.	66,668,476.	69,959,672.	319,174,696.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	55,313,115.	74,717,855.	52,515,578.	66,668,476.	69,959,672.	319,174,696.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6	Public support. Subtract line 5 from line 4						319,174,696.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	55,313,115.	74,717,855.	52,515,578.	66,668,476.	69,959,672.	319,174,696.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	114,939.	137,148.	202,642.	134,231.	212,831.	801,791.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	16,844.				458,275.	475,119.
11	Total support. Add lines 7 through 10						320,451,606.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	16,827,609.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2019 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	99.60 %
15	Public support percentage from 2018		•			15	99.75 %
16a	331/3% support test - 2019. If the org	anization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization			•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets the			-	-		
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organization				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions						🕨 📖

Page 3

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						_
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	r the organizat	ion's first, seco	nd, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here .	<u></u>					· · · . ▶
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,	column (f), divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sched	Jule A, Part III, lin	e 15	<u></u>		16	%
Sec	tion D. Computation of Investment	Income Perc	entage				
17	Investment income percentage for 2019 (line	e 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org	janization did n	ot check the bo	ox on line 14, ar	nd line 15 is mo	ore than 331/3 %	, and line
	17 is not more than 331/3%, check this	box and stop	here. The orga	anization qualifies	s as a publicly	supported organi	ization . 🕨 📃
b	331/3% support tests - 2018. If the organ	nization did not	check a box on	line 14 or line 1	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3%, check t	this box and st	op here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 📃
20	Private foundation. If the organization di	d not check a	box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions 🕨
JSA 9E122	1 1.000				S	chedule A (Form 9	990 or 990-EZ) 2019

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	U.S. COMMITTEE FOR REFUGEES AND 13-1878	3704		_
(ule A (Form 990 or 990-EZ) 2019			Page 5
Part	V Supporting Organizations (continued)		Vos	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			<u> </u>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>			
Secti	ion D. All Type III Supporting Organizations	1		
0000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	100	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's 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>	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	structi	ons).	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
•	Activities Test Answer (a) and (b) helow		Yes	No
2	Activities Test. Answer (a) and (b) below.			
а	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</i> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
JSA	Schedule A (Form	990 or	990-E	Z) 2019

Schedule A	(Form	990	or 990-F7	2019
Ochiculuic A	(1 01111	550	01 330 LZ	2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 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) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035. 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

6

Sect	ion D - Distributions			Current Year			
1							
2	Amounts paid to perform activity that directly furthers exer		ed				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
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	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(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) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable 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						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total 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)						
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
а	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						
U	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7							
7	Excess distributions carryover to 2020. Add lines 3j						
•	and 4c.						
8	Breakdown of line 7:						
<u>a</u>	Excess from 2015						
b	Excess from 2016						
c	Excess from 2017						
d	Excess from 2018						
е	Excess from 2019						

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Schedule A (Form 990 or 990-EZ) 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.)

SCHEDULE A, PART II -	SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL	
MISCELLANEOUS	16,844.				458,275.	475,119.	
TOTALS	16,844.				458,275.	475,119.	

Schedule B

(1 0mm 330, 330-LZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

IMMIGRANTS, INC.

13-1878704

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 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).

		—	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,937,563.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.) B (Form 990, 990-EZ, or 990-PF) (2019)

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

Part I

(a)

No.

1

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

(b)

Name, address, and ZIP + 4

13-1878704

(c)

Total contributions

\$

55,480,517.

(d)

Type of contribution

Person Payroll

Noncash (Complete Part II for

Х

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	IMMIGRANTS, INC.	13-1	Employer identification number 13-1878704	
art II Nond	cash Property (see instructions). Use duplicate copies of	of Part II if additional space is ne	eded.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Schedule B	(Form 990, 990-EZ, or 990-PF) (2019)			Page 4		
Name of or	rganization U.S. COMMITTEE FOR REF	UGEES AND		Employer identification number		
	IMMIGRANTS, INC.			13-1878704		
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any ons completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
		(e) Transi	ion of aift			
	Transferee's name, address, ar			nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
			ior of aift			
	Transferee's name, address, ar	(e) Transi nd ZIP + 4		nship of transferor to transferee		

	•	on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not comp		6 (Political Campaign Activi	ties), then
		on 501(c)(3)) organizations: Complete		Do not complete Part I-B.	
	Section 527 organizations: Com			Bo not complete i alt i B.	
	5	on Form 990, Part IV, line 4, or Form	990-EZ. Part VI. line 4	7 (Lobbying Activities), the	n
		that have filed Form 5768 (election un			
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (electi	on under section 501(h)): Complete Part II-B. Do no	ot complete Part II-A.
If the		on Form 990, Part IV, line 5 (Proxy			•
	Section 501(c)(4), (5), or (6) orga				
		IITTEE FOR REFUGEES AND		Employer ide	ntification number
	IGRANTS, INC.			13-187	8704
		organization is exempt under	section 501(c) or		
1	•	organization's direct and indirect	· · · ·		
•	definition of "political campa		onnear campaign a		
2		xpenditures (see instructions)		▶ ¢	
		campaign activities (see instruction			
		organization is exempt under			
1 ai		cise tax incurred by the organization			
2	Enter the amount of any exc	cise tax incurred by organization m	anagers under section 495	ion 4055 🕨 🖕	
2		a section 4955 tax, did it file Form			
			•••••		Yes No
	If "Yes," describe in Part IV.	organization is exempt under	sostion 501(c)	$x_{\text{cont}} = 501/c)/2$	
	•	•		• • • • • •	<i>.</i>
1		xpended by the filing organization			
2	Enter the amount of the filin	g organization's funds contributed	to other organizati	ons for section	
	527 exempt function activiti	es		▶\$	
3		enditures. Add lines 1 and 2. En			
4		e Form 1120-POL for this year?			
5	Enter the names, addresses	and employer identification numb	per (EIN) of all section	on 527 political organiz	ations to which the filing
		s. For each organization listed, er			
		tributions received that were prom			
	as a separate segregated fur	nd or a political action committee (PAC). If additional sp	pace is needed, provide	Information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
					delivered to a separate
					political organization. If
					none, enter -0
(1)					
(-)					
(2)					
(-)					
(3)					
(0)			-		
(4)					
(4)					
(5)					
(5)			-		
(6)					
(6)			-		
Eer D	openwork Deduction Act Notice	a see the Instructions for Form 200 -	- 000 E7	0-1 1	- C (Form 000 -= 000 F7) 0010
For P	aperwork Reduction Act Notice	e, see the Instructions for Form 990 o	r 990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2019

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

JSA 9E1264 1.000



Open to Public

Inspection

Pa	Irt II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group memb	er's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
b	Total lobbying expenditures to influence	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b)		
			71,631,158.	
е		d lines 1c and 1d)	71,631,158.	
f		e amount from the following table in both		
	columns.		1,000,000.	
	If the amount on line 1e, column (a) or (b) is	The lobbying nontaxable amount is:		
	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.		
g	Grassroots nontaxable amount (enter 2	5% of line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or l	ess, enter -0-	0.	0 .
i	Subtract line 1f from line 1c. If zero or le	ss, enter -0-	0.	0
j	If there is an amount other than zero	on either line 1h or line 1i, did the organiza	tion file Form 4720	
	reporting section 4911 tax for this year?			Yes 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.)

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

Page	3
	-

Schedule C (Form 990 or 990-EZ) 2019		Pa			
Part II-B	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)).				
_ /		(a)	(b)		

	each "Yes," response on lines 1a through 11 below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
~				
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.			
С	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
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			
С	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?			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection

	501(c)(6).			
			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

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."

1	Dues, assessments and similar amounts from members	1	
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).		
		2a	
	Current year		
b	Carryover from last year.	20	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

JSA

Page 4

Part IV Supplemental Information (continued)

SCHE	DULE	D
(Form	990)	

1 2

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С d

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1a

2

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Attach to Form 990. Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization U.S. COMMITTEE FOR REFUGEES AND Employer identification number IMMIGRANTS, INC. 13-1878704 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? _..... Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located **b** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ▶ \$ _ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990 Part VIII line 1 ▶ \$

а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X.

▶ \$

OMB No. 1545-0047

U.S. COMMITTEE FOR REFUGEES AND

13-1878704

Saha	dule D (Form 990) 2019	MITTEE FOR REPOR	JUIS AND		13 10/0/04 Dave 2
-	rt III Organizations Maintaining Coll	actions of Art Histo	rigal Tragguras	r Othor Similar	Page 2
Ра 3	Using the organization's acquisition, acce				· · · · ·
3	collection items (check all that apply):	ssion, and other recor	us, check any of th	e ronowing that i	have significant use of its
~	Public exhibition	d	Loan or exchange	o program	
a b	Scholarly research	e			
	Preservation for future generations	e			
с 4	Provide a description of the organization's	a collections and eval	ain haw thay furtha	r the organization	's exempt purpose in Part
4	XIII.	s collections and expl		i the organization	s exempt pulpose in Part
5	During the year, did the organization solicit	or receive denations of	of art historical trace	ures or other simi	lor
3	assets to be sold to raise funds rather than				
Pa	rt IV Escrow and Custodial Arranger		art of the organization		
T a	Complete if the organization and		m 990 Part IV line	9 or reported a	an amount on Form
	990, Part X, line 21.		in 550, i art iv, inc		
1a	Is the organization an agent, trustee, custo	dian or other intermed	liary for contribution	or other assets or	t
īa	included on Form 990, Part X?				
h	If "Yes," explain the arrangement in Part X	III and complete the fo	llowing table:		
D					Amount
с	Beginning balance		1c		Amount
	Additions during the year				
e	Distributions during the year				
f	Ending balance				
-	Did the organization include an amount on			ustodial account lis	ability? Yes No
	If "Yes," explain the arrangement in Part X				
	rt V Endowment Funds.		Aplanation nao boomp		· · · · · · · · · · · ·
Ιa	Complete if the organization and	swered "Yes" on For	m 990 Part IV line	<u>-</u> 10	
		urrent year (b) Price			years back (e) Four years back
4			(-)	(4) 11100)	
1a					
b	Contributions				
С	Net investment earnings, gains,				
	and losses				
	Grants or scholarships				
е	Other expenditures for facilities				
	•				
g	End of year balance				
∠ a	Provide the estimated percentage of the constrained designated or quasi-endowment	when year end balanc	e (line 19, column (a)) heid as:	
h	Permanent endowment > %				
c	Term endowment > %				
Ū	The percentages on lines 2a, 2b, and 2c sl	hould equal 100%			
3a	Are there endowment funds not in the poss		ation that are held ar	nd administered for	r the
u	organization by:				Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				
b	If "Yes" on line 3a(ii), are the related organ				
4	Describe in Part XIII the intended uses of t	•			
_	rt VI Land, Buildings, and Equipment		wittent funds.		
	Complete if the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 11a. See Form	<u>990, Part X, line 10.</u>
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	, ,	120,550.	aoprodution	120,550.
b	Buildings		1,067,452.	642,455.	424,997.
° c	Leasehold improvements		414,265.	287,731.	126,534.
d	Equipment.		750,520.	606,728.	143,792.
u م	Other		119,428.	117,376.	
Tota	L Add lines 1a through 1e. (Column (d) mus				817,925.

Schedule D (Form 990) 2019

rt VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990). Part IV. line 11b. See Form 990. I	Part X. line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year marker	n:
Financial derivatives			
Closely held equity interests			
Other			
A)			
В)			
C)			
D)			
E)			
F)			
G)			
/ H)			
, (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ►			
rt VIII Investments - Program Related. Complete if the organization answered	"Vos" on Form 990		Part V line 13
(a) Description of investment	(b) Book value	(c) Method of valuatio	
(a) Description of investment	(b) BOOK Value	Cost or end-of-year market	
. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
rt IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
· · ·	scription		(b) Book value
(4) 50			
al. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15)	_	
rt X Other Liabilities.		<u> </u>	
Complete if the organization answered line 25.	"Yes" on Form 990), Part IV, line 11e or 11f. See Form	990, Part X,
	tion of liability		(b) Book value
Federal income taxes	•		
IOM LIABILITY			230,7
DEFERRED RENT			169,4
			400,2
I. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			400,7

JSA 9E1270 1.000

Schedu	le D (Form 990) 2019		Page 4
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	4	73,292,325.
1	Total revenue, gains, and other support per audited financial statements	. 1	13,292,323.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	<u>, </u>	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)	_	
е	Add lines 2a through 2d	_ 2e	179,409.
3	Subtract line 2e from line 1	. 3	73,112,916.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 39,080).	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	39,080.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	73,151,996.
Part		turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	71,592,078.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	71,592,078.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a 39,080).	
a b	Other (Describe in Part XIII.)	-	
u c	Add lines 4a and 4b	4c	39,080.
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	•	71,631,158.
-	XIII Supplemental Information.		,,

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

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	Statement of Activities Outside the United St	ates 📙	OMB No. 1545-0047
(Form 990)	► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 1	2019	
Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection
Name of the organization U	.S. COMMITTEE FOR REFUGEES AND	Employer iden	tification number
IMMIGRANTS, INC.		13-187	8704
	formation on Activities Outside the United States. Complete if the Part IV, line 14b.	organizatic	on answered "Yes" on
•	Does the organization maintain records to substantiate the amount of its the grantees' eligibility for the grants or assistance, and the selection crite or assistance?	0	

- 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.)

3 A0	uvilles per Region. (The follow			s auplicated il adultional sp		
	(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) CE	NTRAL AMERICA/CARIBBEAN	1.	4.	PROGRAM SERVICES	SEE PART V	161,160.
(2)						
_(3)						
_(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
<u>(10)</u> (11)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
	Subtotal	1.	4.			161,160.
b 7	Total from continuation theets to Part I					
c 1	fotals (add lines 3a and 3b)	1.	4.			161,160.

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

U.S. COMMITTEE FOR REFUGEES AND

Page **2**

Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019

►

Page 3

Schedule F (Form 990) 2019

(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)							
4)							
15)							
16)							
7)							
18)							

Schedule F (Form 990) 2019

Page	4
	_

Schedu	ule F (Form 990) 2019	Page 4
Part	V 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)	s X 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)	s X 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)	s X 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)	s X 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)	s X 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)	s X No
		Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

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).

SCHEDULE F, PART I, LINE 3:

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

JOB TRAINING - PROVIDE JOB TRANING AND SOCIAL SERVICES.

SCHEDULE F, PART I, LINE 3:

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

EXPENDITURES ARE REPORTED IN ACCORDANCE WITH GAAP.

			Assistance t		•		OMB No. 1545-0047
(Form 990) Go	vernme	nts, and Ir	ndividuals i	n the Unite	d States		2019
Com	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► A	ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	1.		Inspection
Name of the organization U.S. COMMITTEE FO	R REFUGEE	IS AND				Employer identifica	tion number
IMMIGRANTS, INC.						13-18787	04
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proceed 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D		-					res" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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) ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRIC							
850 NORTH 6TH STREET ABILENE, TX, TX 79601	17-5600044	501(C)(3)	144,223.				AGENCY PAYMENTS
(2) AFFINIA HEALTHCARE							
1717 BIDDLE ST LOUIS, MO 63106	43-0817642	501(C)(3)	21,868.				AGENCY PAYMENTS
(3) ADVOCATES FOR HEALTH COMMUNITY INC							
440 E TAMPA ST SPRINGFIELD, MO 65806	43-8000610	501(C)(3)	8,102.				AGENCY PAYMENTS
(4) ALAS FAMILY SUPPORT CENTER							
16652 SW WARFIELD BLVD INDIANTOWN, FL 34956	46-0947937	501(C)(3)	10,864.				AGENCY PAYMENTS
(5) ASIAN PACIFIC ISLANDER CHAYA							
PO BOX 14047 SEATTLE, WA 98114	91-1674016	501(C)(3)	27,752.				AGENCY PAYMENTS
(6) ASYLEE WOMEN ENTERPRISE							
4500 FRANKFORD AVENUE BALTIMORE, MD 21206	45-3769025	501(C)(3)	11,685.				AGENCY PAYMENTS
(7) AYUDA							
1707 KALORAMA RD. NW WASHINGTON, DC 20009	52-0971440	501(C)(3)	224,040.				AGENCY PAYMENTS
(8) BEXAR COUNTY HOSPITAL DISTRICT							
4502 MED. DR SAN ANTONIO, TX, TX 78229	74-6002164	501(C)(3)	637,553.				AGENCY PAYMENTS
(9) BETHANY CHRISTIAN SERVICES HQ							
1050 36TH ST SE, GRAND RAPIDS, MI 49508	38-3542119	501(C)(3)	7,484.				AGENCY PAYMENTS
(10) BETHANY CHRISTIAN SERVICES OF SE MI							
30685 BARRINGTON MADISON HEIGHTS, MI 48071	38-3542119	501(C)(3)	14,381.				AGENCY PAYMENTS
(11) BETHANY CHRISTIAN SERVICES OF FLORIDA							
29 W SMITH ST WINTER GARDEN, FL 34787	38-3541224	501(C)(3)	83,977.				AGENCY PAYMENTS
(12) BETHANY CHRISTIAN SERVICES OF ILLINOIS							
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	-	-					
3 Enter total number of other organizations list	ted in the line	1 table					

			Assistance t		•		OMB No. 1545-0047
(Form 990) GC	overnme	nts, and Ir	ndividuals i	n the Unite	d States		2019
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► A	ttach to Form 990				Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the l	atest informatior	1.		Inspection
Name of the organization U.S. COMMITTEE FC	R REFUGEE	ES AND				Employer identificat	ion number
IMMIGRANTS, INC.						13-187870)4
Part I General Information on Grants and	d Assistanc	е					
 Does the organization maintain records to suther selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand dures for moi	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D		-					'es" on Form 990,
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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) BETHANY CHRISTIAN SERVICES OF MARYLAND & DC							
2142 PRIEST BRIDGE COURT CROFTON, MD 21114	31-1282580	501(C)(3)	29,503.				AGENCY PAYMENTS
(2) BETHANY CHRISTIAN SERVICES OF NEW JERSEY							
12-19 RIVER ROAD FAIR LAWN, NJ 07410	38-3542119	501(C)(3)	135,390.				AGENCY PAYMENTS
(3) BETHANY CHRISTIAN SERVICES OF VIRGINIA							
8100 THREE CHOPT RD RICHMOND, VA 23229	31-1196727	501(C)(3)	10,592.				AGENCY PAYMENTS
(4) BRANDEIS UNIVERSITY							
415 S.STREET WALTHAM, MA 02453	04-2103552	501(C)(3)	8,399.				AGENCY PAYMENTS
(5) CAMBA INC.							
1720 CHURCH AVE, 2ND FL BROOKLYN, NY 11226	11-2480339	501(C)(3)	502,768.				AGENCY PAYMENTS
(6) CATHERINE MCAULEY CENTER							
866 4TH AVE. SE CEDAR RAPIDS, IA 52403	42-1342872	501(C)(3)	356,842.				AGENCY PAYMENTS
(7) CATHOLIC CHARITIES OF ATLANTA							
2401 LAKE PARK DRIVE SE SMYRNA, GA 30080	58-1097003	501(C)(3)	25,611.				AGENCY PAYMENTS
(8) CATHOLIC CHARITIES OF GALVESTON-HOUSTON							
2900 LOUISIANA STREET HOUSTON, TX 77006	74-1109733	501(C)(3)	118,802.				AGENCY PAYMENTS
(9) CATHOLIC CHARITIES OF LOS ANGELES, INC.							
4322 SAN FERNANDO ROAD GLENDALE, CA 91204	95-1690973	501(C)(3)	87,654.				AGENCY PAYMENTS
(10) CATHOLIC CHARITIES OF LOUISVILLE							
2911 SOUTH 4TH STREET LOUISVILLE, KY 40208	61-1239600	501(C)(3)	18,419.				AGENCY PAYMENTS
(11) CATHOLIC CHARITIES OF OREGON							
2740 SE POWELL BOULEVARD PORTLAND, OR 97202	93-0386801	501(C)(3)	84,062.				AGENCY PAYMENTS
(12) CATHOLIC CHARITIES OF SAN ANTONIO							
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	-	-					
3 Enter total number of other organizations lis	ted in the line	1 table					

SCHEDULE I	Grants a		OMB No. 1545-0047				
(Form 990) GC	vernme	nts, and Ir	ndividuals i	n the Unite	d States		2019
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► At	ttach to Form 990	•			Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest informatior	۱.		Inspection
Name of the organization U.S. COMMITTEE FC	R REFUGEE	IS AND				Employer identificat	tion number
IMMIGRANTS, INC.						13-18787	04
Part I General Information on Grants and	d Assistanc	e				·	
 Does the organization maintain records to such the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D		-					es" on Form 990,
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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) CATHOLIC CHARITIES ARCHDIOCESES OF WA							
1018 MONROE STREET NE WASHINGTON, DC 20017	53-0196524	501(C)(3)	44,803.				AGENCY PAYMENTS
(2) CATHOLIC CHARITIES DIOCESE OF BATON ROUGE							
1900 S. ACADIAN THWY BATON ROUGE, LA 70808	72-0590685	501(C)(3)	43,178.				AGENCY PAYMENTS
(3) CATHOLIC CHARITIES DIOCESE OF PALM BEACH							
100 W 20TH STREET RIVIERA BEACH, FL 33404	59-2470479	501(C)(3)	110,729.				AGENCY PAYMENTS
(4) CATHOLIC CHARITIES OF THE DIOCESE OF VENICE							
28360 BEAUMONT RD BONITA SPRINGS, FL 34134	59-2473176	501(C)(3)	6,826.				AGENCY PAYMENTS
(5) CATHOLIC CHARITIES COUNSELLING & ADOPTION							
329 WEST 10TH STREET ERIE, PA 16502	25-1041250	501(C)(3)	108,157.				AGENCY PAYMENTS
(6) CHILDREN'S BUREAU							
1910 MAGNOLIA AVE. LOS ANGELES, CA 90007	95-1690975	501(C)(3)	658,192.				AGENCY PAYMENTS
(7) CITY OF AMARILLO							
1000 MARTIN ROAD AMARILLO, TX 79107	75-6000444	GOVERNMENT	99,932.				AGENCY PAYMENTS
(8) CITY OF AUSTIN							
7201 LEVANDER LOOP AUSTIN, TX 78767	74-6000085	GOVERNMENT	984,407.				AGENCY PAYMENTS
(9) COLLEGE OF SOUTHERN IDAHO							
1526 HIGHLAND AVE. E. TWIN FALLS, ID 83301	82-0388193	501(C)(3)	242,489.				AGENCY PAYMENTS
(10) COLUMBIA/BOONE COUNTY DEPT OF PUBLIC HEALTH							
1005 W WORLEY ST #6015 COLUMBIA, MO 65205	43-8000610	GOVERNMENT	22,806.				AGENCY PAYMENTS
(11) COMMONWEALTH CATHOLIC CHARITIES - RICHMOND							
1601 ROLLING HILLS DR. HENRICO, VA 23229	54-0505877	501(C)(3)	8,160.				AGENCY PAYMENTS
(12) CONNECTICUT INST FOR REFUGEES AND IMMIGRANT							
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	-	-					
3 Enter total number of other organizations lis	ted in the line	1 table					

 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. 	SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,		OMB No. 1545-0047
Complete if the organization answered "Yes" on Form '990, Part IV, line 21 or 22. Open to Public Inspaction Note the organization answered "Yes" on Form '990, Part IV, line 21 or 22. Complete if the organization answered "Yes" on Form '990, Part IV, line 21 or 22. Complete if the organization answered "Yes" on Form '990, Part IV, line 21 or 22. Complete if the organization answered "Yes" on Form '990, Part IV, line 21 or 22. Part II General Information on Grants and Assistance 1 0.ess the organization maintain records to substantiate the amount of the grants or assistance, the grantes or assistance, and the selection criteria used to award the grants or assistance? IX res IX	(Form 990) GC	vernme	nts, and Ir	ndividuals i	n the Unite	d States		୭ଲ 1 0
Dependent of the Telescopy De G to www.irs.gov/Form980 for the latest information. Inspection Name of the organization U.S. COMMITTEE FOR REPUGEES AND Employer identification number 1.2.187764 1.2.187764 1.2.187764 Part Organization minitatin 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? Image: Committee	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Internal Revenues Service Inspection Inspection Inspection Immed of the organization C.S. COMMUTTEE FOR REFUGEES AND Immediate intermediate interm	Department of the Treasury		► A	ttach to Form 990				
THMISTERNITS, INC. 13-1878704 Part I General Information maintain records to substantiate the amount of the grants or assistance, the grantser's eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X vs N 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Description of operativation and address of organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 9900 11 (a) Name and address of organization of the grants or assistance. (b) EN (a) ECS section (a) grant of address of organizations and Domestic Governments. Complete if additional space is needed. (b) Description of operativation of operativation of the grants or assistance. (b) Description of the particle of the organization and address of organization and address of organizations. (b) EN (a) ECS section (a) grant of address of organizations and Domestic Governments. Complete if the organization and address of organizations of the particle of the grant of address of organizations of the particle of the grant of address of organizations of the particle of the grant of address of organizations of the particle of the grant of address of organizations of the particle of the grant of address of organizations of the particle of the grant of address of organizations of the particle of the grant of address of organizations of the particle of the grant of address of the grant of		► Go	to www.irs.gov	/Form990 for the I	atest information	1.		Inspection
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 riteria used to award the grants or assistance? Image: Comparization and Comparization's procedures for monitoring the use of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Image: Comparization and Comparization's and Domestic Governments. Complete if the organization answered 'Yes' on Form 990 Part IV, line 21, for any recipient that received worte than 55,000. Part III can be duplicated if additional space is needed. 1 (a) Nome and address of organization or government (b) EN (c) RCS section (f) and address of organization or government (f) and address of organization (f) and address of organization or government (f) and address of organization (f) address of orgovernment (f) address of organization (f) a	Name of the organization U.S. COMMITTEE FC	R REFUGEE	IS AND				Employer identifica	tion number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and it he selection criteria used to award the grants or assistance? IX Yes N 2 Describe in Part IV line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. IVes N 1 (a) Name and address drogmization (b) EN (b) Received more than \$5,000. Part II can be duplicated if additional space is needed. (b) Description of orgonetization of the grant of cash essistance or assistance or assistance or assistance is needed. (b) Description of orgonetization of a sistematic or assistance orgonetization of additional space is needed. (c) COVENANT BOUSE (c) COVENA	IMMIGRANTS, INC.						13-18787	04
the selection orderia used to award the grants or assistance? X Yes 2 Describe In Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 address of organization or government. (b) EN (c) IRC section of grant unit drom- orgovernment (c) Manuaut drom- orgavernment (c) Manuaut drom- or	Part I General Information on Grants and	d Assistanc	e					
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1 (a) Name and address of organization of government. (b) EIN (c) RC section (if applicable) (d) Amount of cash grant (e) Amount of non- cash assistance (f) Dought Puty applicable, Dought Puty applicable, othen (g) Description of non-cash assistance (h) Purpose of grant (1) COVENANT HOUSE 1559 JOHNSON RD. NN ATLANTA, GA 30318 13-2728416 501(c)(3) 210,304. Address of applicable, othen (f) Description of non-cash assistance (h) Purpose of grant (2) Address RD. NN ATLANTA, GA 30318 13-2728416 501(c)(3) 210,304. Address of address of address of applicable, solicity Address of address of add			-					Yes" on Form 990,
Image: Control (1) Control (2) Control (2) Control (2) Control (2) Control (2) (1) CONVENANT HOUSE 13-2725416 501(C)(3) 210,304. Added (3)	Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	needed.	
1559 JOHNSON RD. NN ATLANTA, GA 30318 13-2725416 501(C)(3) 210,304. AGENCY PAYMENTS (2) DAWAYAR MIGRANTW WORKER'S ASSOCIATION, INC. 0 </th <th></th> <th>(b) EIN</th> <th></th> <th></th> <th></th> <th>(f) Method of valuation (book, FMV, appraisal, other)</th> <th></th> <th>(h) Purpose of grant or assistance</th>		(b) EIN				(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
(2) DAMAYAN MIGRANT WORKER'S ASSOCIATION, INC. 03-0481206 501(C)(3) 106,307. AGENCY PAYMENTS (3) DALLAS COUNTY 03-0481206 501(C)(3) 106,307. AGENCY PAYMENTS (4) E CENTRAL ILL. REFUGEE MUTUAL ASSIST. CTR 03-0481206 SOUCERNMENT 1,076,344. AGENCY PAYMENTS (5) EDDUCATIONAL EVALUATORS INC 03-0481206 37-1122770 501(C)(3) 26,351. AGENCY PAYMENTS (6) EMPONESMENT COLLABORATIVE OF LONG ISLAND 22-6865820 501(C)(3) 388,525. AGENCY PAYMENTS (6) EMPONESMENT COLLABORATIVE OF LONG ISLAND 47-4824223 501(C)(3) 7,934. AGENCY PAYMENTS (6) EMPONESMENT COLLABORATIVE OF LONG ISLAND 47-4824223 501(C)(3) 17,072. AGENCY PAYMENTS (6) MARRIS COUNTY 35-1900090 501(C)(3) 17,072. AGENCY PAYMENTS (6) HARRIS COUNTY 36-4053244 501(C)(3) 17,072. AGENCY PAYMENTS (6) HARRIS COUNTY - - - - AGENCY PAYMENTS AGENCY PAYMENTS <td>(1) COVENANT HOUSE</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(1) COVENANT HOUSE							
406 WEST 40TH, 3RD FLOOR NEW YORK, NY 10018 0.3-0481206 501(C)(3) 106,307. AGENCY PAYMENTS (3) DALLAS COUNTY 75-6000905 GOVEENMENT 1,076,344. Rency PAYMENTS 509 NAIN ST #407 HOUSTON, TX 75202 75-6000905 GOVEENMENT 1,076,344. Rency PAYMENTS (4) E CENTRAL ILL, REFUGEE MUTGLA ASIST, CTR AGENCY PAYMENTS AGENCY PAYMENTS Rency PAYMENTS (5) EDUCATIONAL EVALUATORS INC 6 FINE HILL CT. DOVER, NJ 07801 22-6655820 Sol(C)(3) 388,525. AGENCY PAYMENTS (6) EMPOWERMENT COLLABORATIVE OF LONG ISLAND P.O. BOX 385 DOMEMIA, NY 11716 47-4824223 Sol(C)(3) 7,934. RGENCY PAYMENTS (7) EXODUS REFUGEE IMMIGRATION 1125 E. REPOGES IDE AVE. INDUPOLIS, IN 46202 35-1900090 Sol(C)(3) 17,072. AGENCY PAYMENTS (9) HEARTINED ALLIANCE FOR HUMAN AGENCY PAYMENTS 1,923,396. AGENCY PAYMENTS (10) IDEALS FOR FAMILIES AND COMMINITIES 61.0994341 Sol(C)(3) 582,540. AGENCY PAYMENTS 306 WEST MAIN ST #507 FRAINFORT, KY 40601 46-1195905 Sol(C)(3) 7,664. AGENCY PAYMENTS (10) INTERFARTH-FISE <	1559 JOHNSON RD. NW ATLANTA, GA 30318	13-2725416	501(C)(3)	210,304.				AGENCY PAYMENTS
(3) DALLAS COUNTY AGENCY PAYMENTS 509 MAIN ST #407 HOUSTON, TX 75202 75-6000905 GOVERNMENT 1,076,344. AGENCY PAYMENTS (4) E CENTRAL ILL. REFUGEE MUTUAL ASSIST. CTR AGENCY PAYMENTS AGENCY PAYMENTS 201 W KENYON ED HAD CHAMPAINN, IL 61820 37-1122770 501(c)(3) 26,351. AGENCY PAYMENTS (5) EDUCATIONAL EVALUATORS INC 2-6665820 501(c)(3) 388,525. AGENCY PAYMENTS (6) EMPOMEMENT COLLABORATIVE OF LONG ISLAND 2-6665820 501(c)(3) 7,934. AGENCY PAYMENTS (7) EXODUS REFUGEE IMMIGRATION 1125 F. BROOKSIDE AVE. INDNPOLIS, IN 46202 35-1900090 501(c)(3) 17,072. AGENCY PAYMENTS (9) HEARTLAND ALLLIANCE FOR HUMAN 46-1053044 501(c)(3) 17,072. AGENCY PAYMENTS 208 S. LASALLE ST. HIBLE CHICAGO, IL 60604 36-4053244 501(c)(3) 582,540. AGENCY PAYMENTS 306 WERT MAIN ST H507 FRAMENGEN, NY 08004 46-1195905 501(c)(3) 7,664. AGENCY PAYMENTS 1010 IPERSTINK ST. HIBLE CHICAGO, IL 60604 46-1195905 501(c)(3) 7,664. AGENCY PAYMENTS 208 S. LASALLE ST. HIBLENT KAN, NY 08004 <td>(2) DAMAYAN MIGRANT WORKER'S ASSOCIATION, INC.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) DAMAYAN MIGRANT WORKER'S ASSOCIATION, INC.							
509 MAIN ST #407 HOUSTON, TX 75202 75-600905 GOVERNMENT 1,076,344. AGENCY PAYMENTS (4) E CENTRAL ILL REFUGEE MUTUAL ASSIST. CTR 201 W KENYON RD #4D CHAMPAIGN, IL 61820 37-1122770 501(C)(3) 26,351. AGENCY PAYMENTS (5) EDUCATIONAL EVALUATORS INC 6 FINE HILL CT. DOVER, NJ 07801 22-6865820 501(C)(3) 388,525. AGENCY PAYMENTS (6) EMPOWERMENT COLLABORATIVE OF LONG ISLAND P.O. BOX 335 BOMEMIA, NJ 11716 47-4824223 501(C)(3) 7,934. AGENCY PAYMENTS (7) EXOLUS REFUGEE IMMIGRATION 1125 E. BROOKSIDE AVE. INDROLIS, IN 46202 35-1900090 501(C)(3) 17,072. AGENCY PAYMENTS (9) HEARTLAND ALLLIANCE FOR HUMAN 200 S. LASALLE ST. #1818 CHICAGO, IL 60604 36-4053244 501(C)(3) 582,540. AGENCY PAYMENTS (10) IDELS COR FAMILIES AND COMMINITIES 306 WEST MAIN ST #507 FRANKFORT, KY 40601 46-1195905 501(C)(3) 7,664. AGENCY PAYMENTS (11) INTERFATITH-RISE 306 WEST MAIN ST #507 FRANKFORT, KY 40601 46-1195905 501(C)(3) 193,075. AGENCY PAYMENTS (12) INTERNATIONAL CENTER FOR KENTICKY 806 KENT MAIN ST #507 FRANKFORT, KY 42101 61-0994341 501(C)(3) 118,401. AGENCY PAYMENTS (13) INTERFATITH-RISE 306 WEST MAIN ST #5	406 WEST 40TH, 3RD FLOOR NEW YORK, NY 10018	03-0481206	501(C)(3)	106,307.				AGENCY PAYMENTS
(4) E CENTRAL ILL. REFUGEE MUTUAL ASSIST. CTR 7.1122770 501(C)(3) 26,351. AGENCY PAYMENTS (5) EUDCATIONAL EVALUATORS INC	(3) DALLAS COUNTY							
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Covernments, and Individuals in the United States Complete if the organization answered "two" on Form 990, Part IV, line 21 or 22. Attach to Form 990, Attach to Form 990, Attach to Form 990, Covernsol, Support Version	SCHEDULE I	Grants a	nd Other A	Assistance f	o Organiza	itions,		OMB No. 1545-0047
Complete if the organization answered "Yes" on Form '990, Part IV, line 21 or 22. Attach to Form '990, Part IV, line 21 or 22. Attach to Form '990, Part IV, line 21 or 22. Part II General Information U.S. COMMITTER FOR REQUESTS AND U.S. COMMITTER FOR REPUESTS AND U.S. COMMITTER FOR	(Form 990) GC	overnme	nts, and Ir	ndividuals i	n the Unite	d States		୭ଲ 1 ଘ
Department of the leaded intervention Inspection Name of the cognization 0.5. COMMITTEE FOR REFUGEES AND Employer identification number 1.MMICRANTS, IRC. 1.3.18704 1.3.18704 Part Market Answer (and the cognization on the access and the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grant or assistance? Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grants or assistance? Image: selection criteria used to award the grant or assistance? Image: selection criteria used to award the grant or assistance? Image: selection criteria used to award the grant or assistance? Image: selection criteria used to award the grant or assistance? Image: selection criteria used to award the grant or assistance? Image: selection criteria used to award the grant or award the grant o	Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
International Social Import of the quarkation Import of t	Department of the Treasury	-	► A	ttach to Form 990).			
IMPLIGRANES, INC. 13-1878704 Partl General Information on Grants and Assistance Image: Comparization on grants and maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparization on 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. (a) Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (b) Purpce of great or granization and defense of organization and defense of organization and defense of organization and defense of organization and address of organization address of address addr		► Go	to www.irs.gov	/Form990 for the	atest information).		Inspection
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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 leng 21, for any recipient that received more than S5,000. Part II can be duplicated if additional space is needed. Image: space in the selection criteria used to award the grants or assistance? No Part IV, line 21, for any recipient that received more than S5,000. Part II can be duplicated if additional space is needed. Image: space in the selection criteria used to award the grants or assistance? No Purpose of grant can be duplicated if additional space is needed. Image: space is needed. Ima	IMMIGRANTS, INC.						13-187870	04
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(3) INTERNATIONAL INSTITUTE OF CONNECTICUT 06-066918 501(C)(3) 86,167. AGENCY PAYMENTS (4) INTERNATIONAL INSTITUTE OF LOS ANGELES 3345 541(G) (3) 972,325. AGENCY PAYMENTS (5) INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVENUE ST. PAUL, MN 55108 41-0693912 501(C)(3) 621,176. AGENCY PAYMENTS (6) INTERNATIONAL INSTITUTE OF NEW ENGLAND 04-2104325 501(C)(3) 499,208. AGENCY PAYMENTS (7) INT'L INSTITUTE OF NEW HAMPSHIRE/MANCHESTER 04-2104325 501(C)(3) 233,348. AGENCY PAYMENTS (8) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL 15-17. AGENCY PAYMENTS AGENCY PAYMENTS (9) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL 15-17. AGENCY PAYMENTS AGENCY PAYMENTS (9) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL 15-17. AGENCY PAYMENTS AGENCY PAYMENTS (10) INTERNATIONAL INSTITUTE OF ST. LOUIS 04-2104325 501(C)(3) 233,348. AGENCY PAYMENTS (10) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL 15-17. AGENCY PAYMENTS AGENCY PAYMENTS (10) INTERNATIONAL INSTITUTE OF ST. LOUIS 05-0258886 501(C)(3) 322,4	(2) INTERNATIONAL INSTITUTE OF BUFFALO							
670 CLINTON AVENUE BRIDGEPORT, CT 06605 06-0669118 501(C)(3) 86,167. AGENCY PAYMENTS (4) INTERNATIONAL INSTITUTE OF LOS ANGELES 3845 SELIG FLACE LOS ANGELES, CA 90031 95-1641446 501(C)(3) 972,325. AGENCY PAYMENTS (5) INTERNATIONAL INSTITUTE OF MINESOTA 501(C)(3) 621,176. AGENCY PAYMENTS (6) INTERNATIONAL INSTITUTE OF MENESOTA 621,076. AGENCY PAYMENTS (6) INTERNATIONAL INSTITUTE OF MENESOTA AGENCY PAYMENTS (7) INT'L INSTITUTE OF NEW ENGLAND 04-2104325 501(C)(3) 499,208. (7) INT'L INSTITUTE OF NEW HAMPSHIRE/MANCHESTER AGENCY PAYMENTS AGENCY PAYMENTS (8) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL AGENCY PAYMENTS AGENCY PAYMENTS (9) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL AGENCY PAYMENTS AGENCY PAYMENTS (10) INTERNATIONAL INSTITUTE OF ST. LOUIS 04-2104325 501(C)(3) 322,431. AGENCY PAYMENTS (10) INTERNATIONAL INSTITUTE OF ST. LOUIS 04-2104325 501(C)(3) 322,431. AGENCY PAYMENTS (11)	864 DELAWARE AVENUE BUFFALO, NY 14209	16-0743052	501(C)(3)	331,852.				AGENCY PAYMENTS
(4) INTERNATIONAL INSTITUTE OF LOS ANGELES agency payments 3845 SELIG PLACE LOS ANGELES, CA 90031 95-1641446 501(C)(3) 972,325. agency payments (5) INTERNATIONAL INSTITUTE OF MINNEGOTA	(3) INTERNATIONAL INSTITUTE OF CONNECTICUT							
3845 SELIG PLACE LOS ANGELES, CA 90031 95-1641446 501(C)(3) 972,325. AGENCY PAYMENTS (6) INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVENUE ST. PAUL, NN 55108 41-0693912 501(C)(3) 621,176. AGENCY PAYMENTS (6) INTERNATIONAL INSTITUTE OF NEW ENGLAND 04-2104325 501(C)(3) 621,176. AGENCY PAYMENTS (7) INT'L INSTITUTE OF NEW AMPSHIRE/MANCHESTER 04-2104325 501(C)(3) 233,348. AGENCY PAYMENTS (8) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL 04-2104325 501(C)(3) 233,348. AGENCY PAYMENTS (9) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL 04-2104325 501(C)(3) 149,015. AGENCY PAYMENTS (10) INTERNATIONAL INSTITUTE OF ST. LOUS 04-2104325 501(C)(3) 322,431. AGENCY PAYMENTS (10) INTERNATIONAL INSTITUTE OF ST. LOUIS 04-2104325 501(C)(3) 322,431. AGENCY PAYMENTS (11) INTERNATIONAL INSTITUTE OF ST. LOUIS 04-2104325 501(C)(3) 322,431. AGENCY PAYMENTS (11) INTERNATIONAL INSTITUTE OF ST. LOUIS 04-2104325 501(C)(3) 363,956. AGENCY PAYMENTS (11) INTERNATIONAL INSTITUTE OF MISCONSIN <td>670 CLINTON AVENUE BRIDGEPORT, CT 06605</td> <td>06-0669118</td> <td>501(C)(3)</td> <td>86,167.</td> <td></td> <td></td> <td></td> <td>AGENCY PAYMENTS</td>	670 CLINTON AVENUE BRIDGEPORT, CT 06605	06-0669118	501(C)(3)	86,167.				AGENCY PAYMENTS
(5) INTERNATIONAL INSTITUTE OF MINNESOTAAl-0693912501(C) (3)621,176.AGENCY PAYMENTS(6) INTERNATIONAL INSTITUTE OF NEW ENGLAND04-2104325501(C) (3)621,176.AGENCY PAYMENTS(7) INT'L INSTITUTE OF NEW HAMPSHIRE/NANCHESTER04-2104325501(C) (3)499,208.AGENCY PAYMENTS1850 ELM STREET. MANCHESTER, NH 0310404-2104325501(C) (3)233,348.AGENCY PAYMENTS(8) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL04-2104325501(C) (3)149,015.AGENCY PAYMENTS(9) INT'L INSTITUTE OF RHODE ISLAND04-2104325501(C) (3)322,431.AGENCY PAYMENTS(10) INTERNATIONAL INSTITUTE OF ST. LOUIS04-1674016501(C) (3)834,353.AGENCY PAYMENTS(11) INTERNATIONAL INSTITUTE OF ST. LOUIS04-1674016501(C) (3)363,956.AGENCY PAYMENTS(12) INTERNATIONAL INSTITUTE OF WISCONSIN39-0806350501(C) (3)363,956.AGENCY PAYMENTS(12) INTERNATIONAL INSTITUTE OF SCUTHEST MISSOUR39-0806350501(C) (3)64,529.AGENCY PAYMENTS334 E COMMERCIAL INSTITUTE OF SOUTHEST MISSOUR34-0652640501(C) (3)64,529.AGENCY PAYMENTS344 E COMMERCIAL INSTITUTE OF SOUTHEST MISSOUR34-0652640501((4) INTERNATIONAL INSTITUTE OF LOS ANGELES							
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(6) INTERNATIONAL INSTITUTE OF NEW ENGLAND ONE MILK STREET # 4 BOSTON, MA 0210904-2104325501(C)(3)499,208.AGENCY PAYMENTS(7) INT'L INSTITUTE OF NEW HAMPSHIRE/MANCHESTER 1850 ELM STREET- MANCHESTER, NH 0310404-2104325501(C)(3)233,348.AGENCY PAYMENTS(8) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL 15-17 WARREN STREET LOWELL, MA 0185204-2104325501(C)(3)149,015.AGENCY PAYMENTS(9) INT'L INSTITUTE OF RHODE ISLAND 645 ELMMODA AVENUE PROVIDENCE, RI 0290705-0258886501(C)(3)322,431.AGENCY PAYMENTS(10) INTERNATIONAL INSTITUTE OF ST. LOUIS 3654 S. GRAND BLVD. ST. LOUIS, MO 6311891-1674016501(C)(3)834,353.AGENCY PAYMENTS(11) INTERNATIONAL INSTITUTE OF WISCONSIN 1110 N OLD WORLD 3RD MILMAUKEE, WI 5320339-0806350501(C)(3)363,956.AGENCY PAYMENTS(12) INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR 334 E COMMERCIAL ST SPRINGFIELD, MO 6580343-0652640501(C)(3)64,529.AGENCY PAYMENTS2< Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(5) INTERNATIONAL INSTITUTE OF MINNESOTA							
ONE MILK STREET # 4 BOSTON, MA 02109 04-2104325 501(C)(3) 499,208. AGENCY PAYMENTS (7) INT'L INSTITUTE OF NEW HAMPSHIRE/MANCHESTER 04-2104325 501(C)(3) 233,348. AGENCY PAYMENTS (8) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL 04-2104325 501(C)(3) 233,348. AGENCY PAYMENTS (9) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL 04-2104325 501(C)(3) 149,015. AGENCY PAYMENTS (9) INT'L INSTITUTE OF RHODE ISLAND 04-2104325 501(C)(3) 322,431. AGENCY PAYMENTS (10) INTERNATIONAL INSTITUTE OF ST. LOUIS 3654 S. GRAND ELVD. ST. LOUIS, MO 63118 91-1674016 501(C)(3) 834,353. AGENCY PAYMENTS (11) INTERNATIONAL INSTITUTE OF SULGONSIN 39-0806350 501(C)(3) 363,956. AGENCY PAYMENTS (12) INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR 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. AGENCY PAYMENTS AGENCY PAYMENTS	1694 COMO AVENUE ST. PAUL, MN 55108	41-0693912	501(C)(3)	621,176.				AGENCY PAYMENTS
(7)INT'LINSTITUTE OF NEW HAMPSHIRE/MANCHESTER 1850 ELM STREET- MANCHESTER, NH 0310404-2104325501(C)(3)233,348.AGENCY PAYMENTS(8)INT'LINSTITUTE OF NEW HAMPSHIRE/LOWELL 15-17 WARREN STREET LOWELL, MA 0185204-2104325501(C)(3)149,015.AGENCY PAYMENTS(9)INT'LINSTITUTE OF RHODE ISLAND 645 ELMWOOD AVENUE PROVIDENCE, RI 0290705-0258886501(C)(3)322,431.AGENCY PAYMENTS(10)INTERNATIONAL INSTITUTE OF ST. LOUIS 3654 S. GRAND BLVD. ST. LOUIS, MO 6311891-1674016501(C)(3)834,353.AGENCY PAYMENTS(11)INTERNATIONAL INSTITUTE OF WISCONSIN 1110 N OLD WORLD 3RD MILWAUKEE, WI 5320339-0806350501(C)(3)363,956.AGENCY PAYMENTS(12)INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR 334 E COMMERCIAL ST SPRINGFIELD, MO 6580343-0652640501(C)(3)64,529.AGENCY PAYMENTS2Enter total number of section 501(c)(3) and government organizations listed in the line 1 tableCommercial tableCommercial commercial section 501(c)(3) and government organizations	(6) INTERNATIONAL INSTITUTE OF NEW ENGLAND							
1850 ELM STREET- MANCHESTER, NH 03104 04-2104325 501(C)(3) 233,348. AGENCY PAYMENTS (8) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL 04-2104325 501(C)(3) 149,015. AGENCY PAYMENTS (9) INT'L INSTITUTE OF RHODE ISLAND 04-2104325 501(C)(3) 322,431. AGENCY PAYMENTS (10) INTERNATIONAL INSTITUTE OF ST. LOUIS 05-0258886 501(C)(3) 834,353. AGENCY PAYMENTS (11) INTERNATIONAL INSTITUTE OF WISCONSIN 01-0674016 501(C)(3) 834,353. AGENCY PAYMENTS (12) INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR 39-0806350 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 64,529. Agency payments	ONE MILK STREET # 4 BOSTON, MA 02109	04-2104325	501(C)(3)	499,208.				AGENCY PAYMENTS
(8) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL 15-17 WARREN STREET LOWELL, MA 0185204-2104325501(C)(3)149,015.AGENCY PAYMENTS(9) INT'L INSTITUTE OF RHODE ISLAND 645 ELMWOOD AVENUE PROVIDENCE, RI 0290705-0258886501(C)(3)322,431.AGENCY PAYMENTS(10) INTERNATIONAL INSTITUTE OF ST. LOUIS 3654 S. GRAND BLVD. ST. LOUIS, MO 6311891-1674016501(C)(3)834,353.AGENCY PAYMENTS(11) INTERNATIONAL INSTITUTE OF WISCONSIN 1110 N OLD WORLD 3RD MILWAUKEE, WI 5320339-0806350501(C)(3)363,956.AGENCY PAYMENTS(12) INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR 334 E COMMERCIAL ST SPRINGFIELD, MO 6580343-0652640501(C)(3)64,529.AGENCY PAYMENTS2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(7) INT'L INSTITUTE OF NEW HAMPSHIRE/MANCHESTER							
15-17 WARREN STREET LOWELL, MA 01852 04-2104325 501(C)(3) 149,015. AGENCY PAYMENTS (9) INT'L INSTITUTE OF RHODE ISLAND	1850 ELM STREET- MANCHESTER, NH 03104	04-2104325	501(C)(3)	233,348.				AGENCY PAYMENTS
(9) INT'L INSTITUTE OF RHODE ISLAND 05-0258886 501(C)(3) 322,431. AGENCY PAYMENTS 645 ELMWOOD AVENUE PROVIDENCE, RI 02907 05-0258886 501(C)(3) 322,431. AGENCY PAYMENTS (10) INTERNATIONAL INSTITUTE OF ST. LOUIS 3654 S. GRAND BLVD. ST. LOUIS, MO 63118 91-1674016 501(C)(3) 834,353. AGENCY PAYMENTS (11) INTERNATIONAL INSTITUTE OF WISCONSIN 1110 N OLD WORLD 3RD MILWAUKEE, WI 53203 39-0806350 501(C)(3) 363,956. AGENCY PAYMENTS (12) INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR 39-0806350 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 AGENCY PAYMENTS AGENCY PAYMENTS	(8) INT'L INSTITUTE OF NEW HAMPSHIRE/LOWELL							
645 ELMWOOD AVENUE PROVIDENCE, RI 02907 05-0258886 501(C)(3) 322,431. AGENCY PAYMENTS (10) INTERNATIONAL INSTITUTE OF ST. LOUIS 91-1674016 501(C)(3) 834,353. AGENCY PAYMENTS 3654 S. GRAND BLVD. ST. LOUIS, MO 63118 91-1674016 501(C)(3) 834,353. AGENCY PAYMENTS (11) INTERNATIONAL INSTITUTE OF WISCONSIN International INSTITUTE OF WISCONSIN AGENCY PAYMENTS AGENCY PAYMENTS (12) INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR 39-0806350 501(C)(3) 64,529. AGENCY PAYMENTS 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 L L L		04-2104325	501(C)(3)	149,015.				AGENCY PAYMENTS
(10) INTERNATIONAL INSTITUTE OF ST. LOUIS agency payments 3654 S. GRAND BLVD. ST. LOUIS, MO 63118 91-1674016 501(C)(3) 834,353. agency payments (11) INTERNATIONAL INSTITUTE OF WISCONSIN agency payments agency payments agency payments 1110 N OLD WORLD 3RD MILWAUKEE, WI 53203 39-0806350 501(C)(3) 363,956. agency payments (12) INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR agency payments agency payments 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	(9) INT'L INSTITUTE OF RHODE ISLAND	_						
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(11) INTERNATIONAL INSTITUTE OF WISCONSIN 39-0806350 501(C)(3) 363,956. AGENCY PAYMENTS 1110 N OLD WORLD 3RD MILWAUKEE, WI 53203 39-0806350 501(C)(3) 363,956. AGENCY PAYMENTS (12) INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR 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 L L L	(10) INTERNATIONAL INSTITUTE OF ST. LOUIS							
1110 N OLD WORLD 3RD MILWAUKEE, WI 53203 39-0806350 501(C)(3) 363,956. AGENCY PAYMENTS (12) INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR 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 L	3654 S. GRAND BLVD. ST. LOUIS, MO 63118	91-1674016	501(C)(3)	834,353.				AGENCY PAYMENTS
(12) INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR 43-0652640 501(C)(3) 64,529. Agency payments 334 E COMMERCIAL ST SPRINGFIELD, M0 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 Agency payments Agency payments	(11) INTERNATIONAL INSTITUTE OF WISCONSIN							
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 • •	1110 N OLD WORLD 3RD MILWAUKEE, WI 53203	39-0806350	501(C)(3)	363,956.				AGENCY PAYMENTS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	(12) INTERNATIONAL INSTITUTE OF SOUTHEST MISSOUR							
	334 E COMMERCIAL ST SPRINGFIELD, MO 65803	43-0652640	501(C)(3)	64,529.				AGENCY PAYMENTS
		•	•					

			Assistance t	•	•		OMB No. 1545-0047
(Form 990) GC	overnme	nts, and Ir	ndividuals i	n the United	d States		2019
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		<u>ZU</u> IJ
		-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information).		Inspection
Name of the organization U.S. COMMITTEE FC	R REFUGEE	IS AND				Employer identificat	ion number
IMMIGRANTS, INC.						13-187870)4
Part I General Information on Grants and	d Assistanc	e					
 Does the organization maintain records to such the selection criteria used to award the grant Describe in Part IV the organization's process 	ts or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D		-					'es" on Form 990,
Part IV, line 21, for any recipient the second seco	hat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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) INTERNATIONAL RESCUE COMMITTEE - OAKLAND							
440 GRAND AVE., STE. 500 OAKLAND, CA 94610	13-5660870	501(C)(3)	35,103.				AGENCY PAYMENTS
(2) INTERNATIONAL RESCUE COMMITTEE - PHOENIX							
4425 OLIVE AVENUE #400 PHOENIX, AZ 85302	13-5660870	501(C)(3)	33,176.				AGENCY PAYMENTS
(3) INTERNATIONAL RESCUE COMMITTEE - RICHMOND							
8100 THREE CHOPT RD RICHMOND, VA 23229	13-5660870	501(C)(3)	15,379.				AGENCY PAYMENTS
(4) INTERNATIONAL RESCUE COMMITTEE - SAN JOSE							
1210 S BASCOM AVE, # 227 SAN JOSE, CA 95128	13-5660870	501(C)(3)	38,050.				AGENCY PAYMENTS
(5) INTERNATIONAL RESCUE COMMITTEE - SILVER SPR							
8719 COLESVILLE RD. SILVER SPRING, MD 20910	13-5660870	501(C)(3)	36,843.				AGENCY PAYMENTS
(6) INT'L RESCUE COMMITTEE - TALLAHASSEE							
1310 CROSS CREEK CIR TALLAHASSEE, FL 32301	13-5660870	501(C)(3)	15,695.				AGENCY PAYMENTS
(7) INTERNATIONAL RESCUE COMMITTEE - TURLOCK							
2925 NIAGRA STREET STE 6 TURLOCK, CA 95382	13-5660870	501(C)(3)	14,650.				AGENCY PAYMENTS
(8) JEWISH FAMILY SERVICES - LA							
3330 W ESPLANADE AVE. METAIRIE, LA 70002	72-0851575	501(C)(3)	389,822.				AGENCY PAYMENTS
(9) JEWISH VOCATIONAL SERVICE							
1608 BALTIMORE AVENUE KANSAS CITY, MO 64108	44-0545994	501(C)(3)	700,445.				AGENCY PAYMENTS
(10) KARIDAT SOCIAL SERVICES							
P.O. BOX 500745 SAIPAN, MP 96950	98-6020933	501(C)(3)	5,222.				AGENCY PAYMENTS
(11) LA MAESTRA COMMUNITY HEALTH CENTERS							
4060 FAIRMOUNT AVE. SAN DIEGO, CA 92105	33-0473171	501(C)(3)	157,948.				AGENCY PAYMENTS
(12) LAO FAMILY COMM DEVELOPMENT							
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 lis	sted in the line 1 tal	ble			
3 Enter total number of other organizations lis	ted in the line	1 table					

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	itions,		OMB No. 1545-0047
(Form 990) Go	overnme	nts, and Ir	ndividuals ii	n the Unite	d States		2019
Com	plete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		
Department of the Treasury		► A	ttach to Form 990	•			Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information).		Inspection
Name of the organization U.S. COMMITTEE FO	R REFUGEE	IS AND				Employer identifica	tion number
IMMIGRANTS, INC.						13-18787	04
Part I General Information on Grants and	d Assistanc	e				•	
 Does the organization maintain records to such the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand dures for mor	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D		-					Yes" on Form 990,
Part IV, line 21, for any recipient the	hat received	more than \$5	,000. Part II can b	be duplicated if a	additional space is r	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							
3627 A, W WATERS AVENUE TAMPA, FL 33614	59-2198911	501(C)(3)	62,022.				AGENCY PAYMENTS
(2) LUTHERAN FAMILY SERVICES OF IOWA							
3125 COTTAGE GROVE DES MOINES, IA 50311	42-0698267	501(C)(3)	68,129.				AGENCY PAYMENTS
(3) LUTHERAN FAMILY SERVICES ROCKY MOUNTAIN							
1600 DOWNING ST., STE. 600 DENVER, CO 80219	84-0775550	501(C)(3)	92,415.				AGENCY PAYMENTS
(4) LUTHERAN SOCIAL SERVICES CAROLINAS							
4020 WAKE FOREST RD RALEIGH, NC 27609	56-1286323	501(C)(3)	37,624.				AGENCY PAYMENTS
(5) LUTHERAN SOCIAL SERVICES OF MINNESOTA							
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	_						
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	_						
446 METROPLEX DR. NASHVILLE, TN 37211	62-0637710	501(C)(3)	203,377.				AGENCY PAYMENTS
(8) METRO CENTER FOR COMMUNITY ADVOCACY							
PO BOX 10775 NEW ORLEANS, LA 70181	72-1062244	501(C)(3)	12,741.				AGENCY PAYMENTS
(9) MIDLAND HEALTH AND SENIOR SERVICES							
PO BOX 4905 MIDLAND,, TX 79704	75-6000608	501(C)(3)	21,078.				AGENCY PAYMENTS
(10) NASMHPD							
66 CANAL CTR PLAZA ALEXANDRIA, VA 22314	52-0784740	501(C)(3)	20,662.				AGENCY PAYMENTS
(11) NATIONALITIES SERVICE CENTER							
1216 ARCH ST 4TH FL PHILADELPHIA, PA 19107	23-1352336	501(C)(3)	935,320.				AGENCY PAYMENTS
(12) NORTHERN NEVADA INTERNATIONAL CENTER							
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	-	-					
3 Enter total number of other organizations list	ted in the line	1 table					

	Grants a	L_	OMB No. 1545-0047				
(Form 990) Go	vernme	nts, and Ir	ndividuals i	n the United	d States		2019
Com	olete if the o	rganization ans	wered "Yes" on F	orm 990, Part IV,	line 21 or 22.		
Department of the Treasury		► At	ttach to Form 990	•			Open to Public
Internal Revenue Service	► Go	to www.irs.gov	/Form990 for the I	atest information			Inspection
Name of the organization U.S. COMMITTEE FO	R REFUGEE	IS AND				Employer identificat	ion number
IMMIGRANTS, INC.						13-187870)4
Part I General Information on Grants and	d Assistanc	e				·	
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's process 	s or assistand dures for mor	e? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient th		-					es on Form 990,
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) NORTHERN VIRGINIA FAMILY SERVICES					outory		
10455 WHITE GRANITE DR OAKTON, VA 22124	54-0791977	501(C)(3)	36,501.				AGENCY PAYMENTS
(2) OPENING DOORS	54 0751577	501(0)(5)	50,501.				AGENCI FAIMENIS
2118 K ST. SACRAMENTO, CA 95816	37-1417129	501(C)(3)	23,605.				AGENCY PAYMENTS
(3) PACIFIC GATEWAY CENTER	5, 111,125	501(0)(5)	25,005.				Nobici Inimikio
723-C UMI STREET HONOLULU, HI 96819	99-0236204	501(C)(3)	5,459.				AGENCY PAYMENTS
(4) PILIPINO WORKER'S CENTER OF SOUTHERN CALIFO							
153 GLENDALE BLVD, LOS ANGELES, CA 90026	77-0439301	501(C)(3)	240,800.				AGENCY PAYMENTS
(5) RAICES							
1305 N. FLORES ST. SAN ANTONIO, TX 78212	74-2436920	501(C)(3)	623,837.				AGENCY PAYMENTS
(6) REFORMED CHURCH OF HIGHLAND PARK STILLWATER							
19 S 2ND AVENUE HIGHLAND PARK, NJ 08904	20-5012410	501(C)(3)	472,083.				AGENCY PAYMENTS
(7) REFUGEE SERVICES OF AUSTIN							
500 EAST ST. JOHNS AVE. AUSTIN, TX 78752	75-1618251	501(C)(3)	19,875.				AGENCY PAYMENTS
(8) REFUGEE SERVICES OF HOUSTON							
7211 REGENCY SQUARE BLVD. HOUSTON, TX 77036	75-1618251	501(C)(3)	35,290.				AGENCY PAYMENTS
(9) REFUGEE SERVICES OF TEXAS							
12025 SHILOH RD., #240 DALLAS, TX 75228	75-1618251	501(C)(3)	165,815.				AGENCY PAYMENTS
(10) RESTORE NYC							
20 W 46TH STREET STE 2B NEW YORK, NY 10036	20-2390142	501(C)(3)	183,645.				AGENCY PAYMENTS
(11) SAMUEL U.RODGERS HEALTH CENTER							
825 EUCLID AVENUE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	10,358.				AGENCY PAYMENTS
(12) SANAR WELLNESS INSTITUTE							
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 lis	sted in the line 1 tal				
3 Enter total number of other organizations list	ted in the line	1 table					

			Assistance t		•		OMB No. 1545-0047
		,	ndividuals in				2019
Com	olete if the o	-	wered "Yes" on F		, line 21 or 22.		Open to Public
Department of the Treasury	N C -	,	ttach to Form 990				Inspection
Internal Revenue Service			/Form990 for the I	atest information	1.	Employer identifie	
Name of the organization U.S. COMMITTEE FO	R REFUGER	IS AND				Employer identifica	
IMMIGRANTS, INC.	d Accietore	-				13-18787	04
Part I General Information on Grants and							
 Does the organization maintain records to such the selection criteria used to award the grant Describe in Part IV the organization's proceed 	s or assistand dures for mor	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "	Yes" on Form 990,
Part IV, line 21, for any recipient the	nat received	more than \$5	,000. Part II can I	be duplicated if a	additional space is r	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.							
P.O. BOX WALL ST STATION NEW YORK, NY 10268	13-3193119	501(C)(3)	135,927.				AGENCY PAYMENTS
(2) SHARED BEGINNINGS							
1845 MAIN DR. ST. B FAYETTEVILLE, AR 72704	82-4697719	501(C)(3)	180,394.				AGENCY PAYMENTS
(3) SOJOURNER HOUSE							
386 SMITH ST PROVIDENCE, RI 02908	39-1276210	501(C)(3)	20,713.				AGENCY PAYMENTS
(4) CITY OF ST. LOUIS DEPARTMENT OF HEALTH							
1520 MARKET,ROOM 4051 ST LOUIS, MO 63103	43-6003231	GOVERNMENT	7,504.				AGENCY PAYMENTS
(5) TAHIRIH JUSTICE CTR - FALLS CHURCH							
6402 ARLINGTON BLVD FALLS CHURCH, VA 22042	54-1858176	501(C)(3)	65,786.				AGENCY PAYMENTS
(6) TARRANT COUNTY							
100 E WEATHERFORD ST FORT WORTH, TX 76196	75-6001170	GOVERNMENT	567,502.				AGENCY PAYMENTS
(7) THE DRAGONFLY HOME, INC.							
207 NW 23RD STREET OKLAHOMA CITY, OK 73103	81-1809133	501(C)(3)	6,997.				AGENCY PAYMENTS
(8) THE NAOMI PROJECT							
222 N SPRING AVENUE SIOUX FALLS, SD 57104	35-2611927	501(C)(3)	14,245.				AGENCY PAYMENTS
(9) UNIFIED ADMINISTRATOR							
2620 REGATTA DR. LAS VEGAS, NV 89128	47-2700424	501(C)(3)	10,736,033.				AGENCY PAYMENTS
(10) UNITED MIGRANT OPPORTUNITY SERVICES							
802 W HIST. MITCHELL MILWAUKEE, WI 53204	39-1047172	501(C)(3)	10,269.				AGENCY PAYMENTS
(11) WESTERN KENTUCKY REFUGEE MAA							
806 KENTON STREET BOWLING GREEN, KY 42101	61-0994341	501(C)(3)	695,641.				AGENCY PAYMENTS
(12) WOMANKIND	_						
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	-	-					•
3 Enter total number of other organizations list	ted in the line	1 table					•

SCHEDULE I (Form 990)										
	Comp	plete if the or	ganization ans	wered "Yes" on F	orm 990, Part IV	line 21 or 22.		2019		
Department of the Treasury			► A	ttach to Form 990				Open to Public		
Internal Revenue Service		► Go t	to www.irs.gov	/Form990 for the I	atest information			Inspection		
Name of the organization	U.S. COMMITTEE FO	R REFUGEE	IS AND				Employer identifica			
IMMIGRANTS, INC.							13-18787	04		
Part I General Inf	ormation on Grants and	d Assistanc	e							
1 Does the organiza	tion maintain records to su	ubstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grants	s or assistance, and			
the selection criter	ia used to award the grant	s or assistanc	e?					X Yes No		
2 Describe in Part IV	/ the organization's proces	dures for mor	nitoring the use	of grant funds in the	e United States.					
Part II Grants and	Other Assistance to D	omestic Or	ganizations ar	nd Domestic Gov	vernments. Corr	plete if the organization	ation answered "	es" on Form 990,		
Part IV, line	e 21, for any recipient th	nat received	more than \$5	000. Part II can b	be duplicated if a	additional space is n	eeded.			
1 (a) Name and a	address of organization vernment	(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										
	HIGH POINT, NC 27262	23-6393344	501(C)(3)	82,503.				AGENCY PAYMENTS		
(2) YMCA INTERNATIONAL	SERVICES									
6300 W PARK, SUITE	600 HOUSTON, TX 77057	74-1109737	501(C)(3)	2,166,685.				AGENCY PAYMENTS		
(3) YOUTH CO-OP, INC.										
3525 NORTHWEST 7TH	ST MIAMI, FL 33125	23-7320351	501(C)(3)	1,091,535.				AGENCY PAYMENTS		
(4) YOUTH CO-OP, PALM S	PRINGS									
2112 CONGRESS AVE P	PALM SPRINGS, FL 33406	23-7320351	501(C)(3)	71,520.				AGENCY PAYMENTS		
(5) YWCA KALAMAZOO										
353 E. MICHIGAN AVE	. KALAMAZOO, MI 49007	38-1360598	501(C)(3)	65,312.				AGENCY PAYMENTS		
(6) YWCA OF NORTH CENTR	AL INDIANA	_								
1102 S. FELLOWS STR	EET SOUTH BEND, IN 46601	35-0868226	501(C)(3)	623,837.				AGENCY PAYMENTS		
_(7)		_								
(8)		_								
(9)		_								
(10)		_								
(11)		_								
(12)		-								
	r of section 501(c)(3) and of other organizations list	-	-					114.		

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
DEARBORN PROGRAMS	413.	298,791.			
2 REFUGEE SERVICE DIVISION	46.	471,713.			
3 VERMONT PROGRAMS	159.	74,226.			
VERMONT PROGRAMS	159.	/4,220.			
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.			

13-1878704

Page 2

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
CLEVLAND PROGRAMS	642.	386,279.			
	012.	500,275.			
2 CRIC PROGRAM	120.	1,701,120.			
3					
4					
5					
5					
6					
7					

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.

13-1878704

SCHEDULE J		Compensation Information	0	//B No. '	1545-0	047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		എ	19	
		Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		<u>K</u>		
	nent of the Treasury	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.	0	pen to		
-	Revenue Service of the organization	.	er identification			n
	IGRANTS, II		-1878704			
Part		ns Regarding Compensation				
					Yes	No
1a	Check the app	propriate box(es) if the organization provided any of the following to or for a person list	ed on Form			
	990, Part VII,	Section A, line 1a. Complete Part III to provide any relevant information regarding these	items.			
	First-cla	ass or charter travel Housing allowance or residence for persor	nal use			
	Travel fo	for companions Payments for business use of personal res	idence			
	Tax inde	emnification and gross-up payments Health or social club dues or initiation fees	1			
	Discretio	ionary spending account Personal services (such as maid, chauffeur	, chef)			
b	or reimburse	boxes on line 1a are checked, did the organization follow a written policy regardir ement or provision of all of the expenses described above? If "No," complete	Part III to			
•	explain			1b		
2	•	anization require substantiation prior to reimbursing or allowing expenses incur stees, and officers, including the CEO/Executive Director, regarding the items chect	•			
		stees, and onicers, including the CEO/Executive Director, regarding the items check		2		
3		h, if any, of the following the organization used to establish the compensation of the		-		
3	organization's	s CEO/Executive Director. Check all that apply. Do not check any boxes for methods use nization to establish compensation of the CEO/Executive Director, but explain in Part III.	d by a			
	Comper	nsation committee Written employment contract				
	Indepen	ndent compensation consultant Compensation survey or study				
	Form 99	90 of other organizations	ommittee			
4		ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fil or a related organization:	ing			
а		verance payment or change-of-control payment?		4a		X
b	-	n, or receive payment from, a supplemental nonqualified retirement plan?		4b		X
С	•	n, or receive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to an	ny of lines 4a-c, list the persons and provide the applicable amounts for each item in	Part III.			
		E(1/2)/2 $E(1/2)/4$ and $E(1/2)/20$ argonizations must complete lines E 0				
5	-	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. listed on Form 990, Part VII, Section A, line 1a, did the organization pay or a				
5	•	n contingent on the revenues of:	accine any			
а		tion?		5a		Х
b		prganization?		5b		
		ne 5a or 5b, describe in Part III.				
6		listed on Form 990, Part VII, Section A, line 1a, did the organization pay or	accrue any			
	compensatior	n contingent on the net earnings of:	-			
а		tion?		6a		X
b	-	organization?		6b		
		ne 6a or 6b, describe in Part III.				
7		listed on Form 990, Part VII, Section A, line 1a, did the organization provide ar		_		37
~		t described on lines 5 and 6? If "Yes," describe in Part III.		7		X
8	-	nounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was	-			
		al contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes		8		x
9		line 8, did the organization also follow the rebuttable presumption procedure de		0		
5		section 53.4958-6(c)?		9		
				1 -		

Schedule J (Form 990) 2019

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.

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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

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



IMMIGRANTS, INC.

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 SUFFICIIENCY 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

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.

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Page 2

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

Schedule O (Form 990 or 990	-EZ) 2019	I					Page 2
Name of the organization	U.S.	COMMITTEE	FOR	REFUGEES	AND	Employer identification number	
IMMIGRANTS, INC.						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.

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.

Schedule O (Form 990 or 990)-EZ) 2019						Page
Name of the organization	U.S.	COMMITTEE	FOR	REFUGEES	AND	Employer identification number	
IMMIGRANTS, INC.	•					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.

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

DESCRIPTION		GRANTS	EXPENSES	REVENUE
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	1,977,747.	10,723,302.	2,581,192.

FORM 9	90	PART	VT.	T.TNE	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

ATTACHMENT 2

ATTACHMENT 1

Schedule O (Form 990 or 990-	EZ) 2019					Page 2
Name of the organization	U.S.	COMMITTEE FOR	REFUGEES	AND	Employer identification number	
IMMIGRANTS, INC.					13-1878704	
					ATTACHMENT 3	

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

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

омв No. 1545-0047 20 19
Open to Public
Inspection

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization U.S. COMMITTEE FOR REFUGEES AND

Employer identification number 13-1878704

IMMIGRANTS, INC.

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

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

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr ent	3) 12(b)(13) rolled ity?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Page **2**

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.

		inore related org	unization										
(a) Name, addres related orç	s, and EIN of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets			(i) (j) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging	(k) 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sectio 512(b)(controll entity
(1)								Yes N
(2)								
(3)								
(4)								
<u>(5)</u>								
<u>(6)</u> (7)								
(7)								

Schedule R (Form 990) 2019

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Par	t IV, line 34, 35b, or 36.			
Note: Co	mplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	6 No
1 Duri	ng the tax year, did the organization engage in any of the following transactions with one or more i	elated organizations lis	ted in Parts II-IV?			
a Rec	eipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			<u>1</u> a	1	
	grant, or capital contribution to related organization(s))	
	grant, or capital contribution from related organization(s).				:	
d Loa	ns or loan guarantees to or for related organization(s)			10	1	
e Loa	ns or loan guarantees by related organization(s)				•	
f Divi	dends from related organization(s)			11	F	
	e of assets to related organization(s)			<u>1</u> ç		<u> </u>
h Puro	chase of assets from related organization(s)			11		<u> </u>
	hange of assets with related organization(s)					<u> </u>
j Lea	se of facilities, equipment, or other assets to related organization(s)				j	
k Lea	se of facilities, equipment, or other assets from related organization(s)			11	c	
	formance of services or membership or fundraising solicitations for related organization(s)					
	formance of services or membership or fundraising solicitations by related organization(s)				n	
	ring of facilities, equipment, mailing lists, or other assets with related organization(s)				<u>ו</u>	
	ring of paid employees with related organization(s)				>	
p Reir	nbursement paid to related organization(s) for expenses			<u>1</u> ŗ	ו	
q Reir	nbursement paid by related organization(s) for expenses			10	1	
r Othe	er transfer of cash or property to related organization(s)			<u>1</u> r	•	<u> </u>
s Othe	er transfer of cash or property from related organization(s).	<u></u>		<u></u> 1s		
2 If th	e answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	red relationships and trans	action thresho	lds.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of de		ina
		type (a-s)	Amount involved	amount ir		0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
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Schedule R (Form 990) 2019

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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Part VII Supplemental Information

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

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.