

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public  
Inspection

**A** For the **2023** calendar year, or tax year beginning **OCT 1, 2023** and ending **SEP 30, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>US COMMITTEE FOR REFUGEES AND IMMIGRANTS INC.</b>  Doing business as  Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2231 CRYSTAL DRIVE 350</b>  City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22202</b>  <b>F</b> Name and address of principal officer: <b>ESKINDER NEGASH</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>13-1878704</b>  <b>E</b> Telephone number <b>(703) 310-1130</b>  <b>G</b> Gross receipts \$ <b>407,214,239.</b>  <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions  <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>REFUGEES.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1958</b>
		<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO PROTECT THE RIGHTS AND ADDRESS THE NEEDS OF PERSONS IN FORCED OR VOLUNTARY MIGRATION</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>1655</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1250</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>289,003,445.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>400,788,681.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>2,704,603.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>24,467.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>195,142.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>291,893,661.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>403,467,443.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>223,354,718.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>293,602,704.</b>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>16b</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	<b>0.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>12,123,159.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>16,565,374.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>291,006,162.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>887,499.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>8,588,163.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>ESKINDER NEGASH, PRESIDENT &amp; CEO</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>AARON M. FOX</b>	Preparer's signature <b>AARON M. FOX</b>	Date <b>06/17/25</b>
	Firm's name <b>CBIZ ADVISORS, LLC</b>	Firm's EIN <b>88-1478669</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01365820</b>
	Firm's address <b>1899 L STREET, NW #850 WASHINGTON, DC 20036</b>	Phone no. <b>202-227-4000</b>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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**Part 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 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.**
- 2 Did the organization undertake any significant program services during the year which were not listed on the  
prior Form 990 or 990-EZ? ☐ Yes ☒ No  
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? ☐ Yes ☒ No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.  
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and  
revenue, if any, for each program service reported.
- 4a (Code: ) (Expenses \$ 123,093,961. including grants of \$ 116,824,362. ) (Revenue \$ 130,000. )  
**MEDICAL REPLACEMENT DESIGNEE PROGRAMS - 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.**
- 4b (Code: ) (Expenses \$ 95,707,923. including grants of \$ 92,066,039. ) (Revenue \$ 1,465,061. )  
**REFUGEE SERVICES DIVISION - ASSISTED REFUGEES THROUGH FEDERALLY FUNDED  
PROGRAMS TO RESETTLE THE U.S. THROUGH JOB TRAINING, LEARNING ENGLISH,  
OBTAINING CITIZENSHIP, AND ACHIEVING ECONOMIC SELF-SUFFICIENCY. ALSO  
INCLUDE OUR MATCH GRANT AND PREFERRED COMMUNITY PROGRAMS.**
- 4c (Code: ) (Expenses \$ 93,896,656. including grants of \$ 43,192,187. ) (Revenue \$ 177,645. )  
**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.)  
(Expenses \$ 67,112,127. including grants of \$ 41,520,116. ) (Revenue \$ 709,676. )
- 4e Total program service expenses 379,810,667.

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>X</b>	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<b>X</b>
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<b>X</b>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<b>X</b>
<b>10</b> 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>		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>		<b>X</b>
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>X</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>X</b>	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>X</b>	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		<b>X</b>
<b>17</b> 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. See instructions</i>		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>24a</b> X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>25a</b> X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>25b</b> X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>26</b> X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>27</b> X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>36</b> X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>37</b> X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 108	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 1655		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>	
<b>b</b> If "Yes," enter the name of the foreign country <u>EL SALVADOR</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>	<b>15</b>		<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>	<b>16</b>		<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? <i>If "Yes," complete Form 6069.</i>	<b>17</b>		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	13	
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>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	13	
<b>2</b> 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?	<b>2</b>		<b>X</b>
<b>3</b> 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?	<b>3</b>		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		<b>X</b>
<b>7a</b> 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?	<b>7a</b>		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>		<b>X</b>

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	<b>X</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>		<b>X</b>
<b>b</b> 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?	<b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ 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 interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**ESKINDER NEGASH - (703) 310-1130**  
**2231 CRYSTAL DRIVE, 350, ARLINGTON, VA 22202**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, 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 the 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ESKINDER NEGASH PRESIDENT, CEO	50.00			X				351,904.	0.	38,569.
(2) ANNAMARIE BENA SENIOR VP	40.00			X				261,789.	0.	36,363.
(3) XAVIER GRAHAM CFO	40.00			X				238,068.	0.	49,516.
(4) WON Y PAK DIRECTOR MIS	40.00					X		194,188.	0.	44,853.
(5) MATTHEW HAYWOOD VP, CHILDREN 'S SERVICES	40.00					X		183,455.	0.	40,674.
(6) MIKE COBURN VP	40.00					X		191,090.	0.	28,338.
(7) GRASINGER, DYLANNA VP, REFUGEE PROGRAM	40.00					X		171,673.	0.	37,353.
(8) GURSIMRAN GREWEL DIRECTOR REFUGEE HEALTH SERVICES	40.00					X		175,308.	0.	27,173.
(9) DIANN DAWSON CHAIR	1.00	X		X				0.	0.	0.
(10) GENE DEFELICE TREASURER	1.00	X		X				0.	0.	0.
(11) KATHERINE CROST SECRETARY	1.00	X		X				0.	0.	0.
(12) KEVIN BEARDON DIRECTOR	1.00	X						0.	0.	0.
(13) EARL JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(14) HELEN KANOVSKY DIRECTOR	1.00	X						0.	0.	0.
(15) JEFFREY KELLEY DIRECTOR	1.00	X						0.	0.	0.
(16) KATHERINE LAUD DIRECTOR	1.00	X						0.	0.	0.
(17) REGIS MCDONALD DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFFREY METZGER DIRECTOR	1.00	X						0.	0.	0.
(19) JOHN MONAHAN DIRECTOR	1.00	X						0.	0.	0.
(20) SAM UDANI DIRECTOR	1.00	X						0.	0.	0.
(21) LOC NGUYEN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,767,475.	0.	302,839.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,767,475.	0.	302,839.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 40

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
IGC SOLUTIONS LLC 6231 COURAGE TRAIL, CHESTERFIELD, VA 23832	FINANCIAL PLANNING, RISK PROTECTION, ORG	109,331.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

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**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	396,236,935.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	4,551,746.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 788,315.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> INTERPRETATION .....		900099	1,359,516.	1,359,516.		
	<b>b</b> IOM COLLECTION FEES .....		900099	700,445.	700,445.		
	<b>c</b> CHILDCARE SERVICES .....		900099	177,645.	177,645.		
	<b>d</b> PARTNER AGENCY DUES .....		900099	130,000.	130,000.		
	<b>e</b> IMMIGRATION SERVICES .....		900099	105,545.	105,545.		
	<b>f</b> All other program service revenue .....		900099	9,231.	9,231.		
	<b>g Total.</b> Add lines 2a-2f .....			2,482,382.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			191,739.			191,739.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	3,683,839.	66,360.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	0.	3,403.			
	<b>d</b> Net gain or (loss) .....			3,403.			3,403.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> MISCELLANEOUS .....		900099	1,238.			1,238.
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			1,238.				
<b>12 Total revenue.</b> See instructions .....				403467443.	2,482,382.	0.	196,380.

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**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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	274,589,420.	274,589,420.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	19,013,284.	19,013,284.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	968,822.		968,822.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	65,643,850.	59,106,341.	5,905,344.	632,165.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,382,227.	3,757,600.	587,083.	37,544.
<b>9</b> Other employee benefits	8,384,425.	7,079,083.	1,234,611.	70,731.
<b>10</b> Payroll taxes	5,331,878.	4,484,724.	802,346.	44,808.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	79,890.	41,543.	37,548.	799.
<b>c</b> Accounting	741,900.	385,788.	348,693.	7,419.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	40,859.		40,859.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,238,141.	638,486.	1,567,875.	31,780.
<b>12</b> Advertising and promotion	95,566.	77,541.	13,023.	5,002.
<b>13</b> Office expenses	1,057,167.	957,050.	92,039.	8,078.
<b>14</b> Information technology	1,838,403.	1,657,644.	177,158.	3,601.
<b>15</b> Royalties				
<b>16</b> Occupancy	4,931,356.	4,154,706.	734,488.	42,162.
<b>17</b> Travel	2,713,694.	2,690,147.	23,452.	95.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	231,225.	187,730.	43,495.	
<b>20</b> Interest	127,331.	111,959.	4,487.	10,885.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	110,179.	250.	109,929.	
<b>23</b> Insurance	1,597,350.	348,831.	1,248,326.	193.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>SUBSCRIPT. &amp; REFERENCES</b>	562,955.	424,459.	127,700.	10,796.
<b>b</b> <b>TRAINING &amp; STAFF DEVELO</b>	126,522.	95,937.	30,560.	25.
<b>c</b> <b>MISC. EXPENSES</b>	72,836.	8,144.	64,682.	10.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	394,879,280.	379,810,667.	14,162,520.	906,093.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	50,861,779.	<b>1</b>	54,793,697.
	<b>2</b> Savings and temporary cash investments .....	8,827,259.	<b>2</b>	9,194,480.
	<b>3</b> Pledges and grants receivable, net .....	35,904,731.	<b>3</b>	48,162,354.
	<b>4</b> Accounts receivable, net .....	2,137,896.	<b>4</b>	5,856,050.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	344,842.	<b>9</b>	350,304.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,565,370.		
	<b>b</b> Less: accumulated depreciation .....	2,134,991.		
		518,161.	<b>10c</b>	430,379.
	<b>11</b> Investments - publicly traded securities .....	6,225,817.	<b>11</b>	7,551,175.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	8,965,461.	<b>15</b>	7,514,541.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	113,785,946.	<b>16</b>	133,852,980.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,747,832.	<b>17</b>	8,491,792.
	<b>18</b> Grants payable .....	20,547,838.	<b>18</b>	30,680,812.
	<b>19</b> Deferred revenue .....	2,601,025.	<b>19</b>	3,327,099.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	56,222,886.	<b>25</b>	55,924,970.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	88,119,581.	<b>26</b>	98,424,673.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	22,851,917.	<b>27</b>	33,398,610.
	<b>28</b> Net assets with donor restrictions .....	2,814,448.	<b>28</b>	2,029,697.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	25,666,365.	<b>32</b>	35,428,307.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	113,785,946.	<b>33</b>	133,852,980.

Form **990** (2023)

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Form 990 (2023)

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	403,467,443.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	394,879,280.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,588,163.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	25,666,365.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,173,779.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	35,428,307.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	<b>X</b>

Form **990** (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **US COMMITTEE FOR REFUGEES AND IMMIGRANTS INC.**

Employer identification number  
**13-1878704**

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

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

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

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

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

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule A (Form 990) 2023

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	69959672.	121701940	277293367	289003445	400788681	1158747105.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	69959672.	121701940	277293367	289003445	400788681	1158747105.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						1158747105.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	69959672.	121701940	277293367	289003445	400788681	1158747105.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	212,831.	110,613.	125,630.	87,608.	191,739.	728,421.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		90,662.	150,759.	161,146.	1,238.	403,805.
<b>11 Total support.</b> Add lines 7 through 10						1159879331.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	13,523,830.

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.90	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	99.87	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990) 2023

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule A (Form 990) 2023

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**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule A (Form 990) 2023

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**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

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

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

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

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule A (Form 990) 2023

13-1878704 Page 6

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors <i>(explain in detail in Part VI):</i>			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>		(A) Prior Year	(B) Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2023

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule A (Form 990) 2023

13-1878704 Page 7

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2023 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b> Distributable amount for 2023 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
<b>f Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2023 distributable amount			
<b>i</b> Carryover from 2018 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2023 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2019			
<b>b</b> Excess from 2020			
<b>c</b> Excess from 2021			
<b>d</b> Excess from 2022			
<b>e</b> Excess from 2023			

Schedule A (Form 990) 2023

## 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 B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.

Employer identification number

13-1878704

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (2023)

Name of organization

US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.

Employer identification number

13-1878704

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 296,629,277.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 46,415,941.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.

Employer identification number

13-1878704

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

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

Name of organization

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Employer identification number

**13-1878704****Part III**

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



SCHEDULE C  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public  
Inspection

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

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

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

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

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

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

Name of organization	US COMMITTEE FOR REFUGEES AND IMMIGRANTS INC.	Employer identification number	13-1878704
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2023

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		0.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		0.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		0.	
<b>d</b> Other exempt purpose expenditures		394879280.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		394879280.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
not over \$500,000,	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000,	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Employer identification number  
**13-1878704**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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.

b 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.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

(ii) Assets included in Form 990, Part X ..... \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

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

Schedule D (Form 990) 2023

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)
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- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** ☐ Public exhibition
- b** ☐ Scholarly research
- c** ☐ Preservation for future generations
- d** ☐ Loan or exchange program
- e** ☐ Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

<b>Part V</b>	<b>Endowment Funds</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 10.
---------------	---

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment \_\_\_\_\_%
- b Permanent endowment \_\_\_\_\_%
- c Term endowment \_\_\_\_\_%

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

<b>Part VI</b>	<b>Land, Buildings, and Equipment</b>
----------------	---------------------------------------

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		38,250.		38,250.
<b>b</b> Buildings .....		844,852.	718,173.	126,679.
<b>c</b> Leasehold improvements .....		414,264.	414,264.	0.
<b>d</b> Equipment .....		1,268,004.	1,002,554.	265,450.
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				430,379.

Schedule D (Form 990) 2023

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule D (Form 990) 2023

13-1878704 Page **3**

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1) ROU ASSET	7,352,495.
(2) SECURITY DEPOSIT	162,046.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	7,514,541.

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) IOM LIABILITY	201,647.
(3) REFUNDABLE ADVANCES- FND GRANTS	1,119,160.
(4) LEASE LIABILITY	7,717,396.
(5) REFUNDABLE ADVANCES- GOVERNMENT	46,886,767.
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	55,924,970.

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

Schedule D (Form 990) 2023

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule D (Form 990) 2023

13-1878704 Page **4**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	404,596,960.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	1,173,779.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	1,173,779.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	403,423,181.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	40,859.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	3,403.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	44,262.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....	<b>5</b>	403,467,443.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	394,835,018.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	-3,403.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	-3,403.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	394,838,421.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	40,859.
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	40,859.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	394,879,280.

**Part 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.

**PART X, LINE 2:**

USCRI DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. U.S. FEDERAL JURISDICTION AND/OR THE VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH USCRI FILES TAX RETURNS ARE OPEN FOR EXAMINATION; HOWEVER, THERE ARE CURRENTLY NO EXAMINATIONS PENDING OR IN PROGRESS. FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND 2023, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED STATEMENTS OF ACTIVITIES RELATED TO UNCERTAIN TAX POSITIONS.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

LOSS ON SALE OF ASSETS

3,403.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF ASSETS

-3,403.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.

Employer identification number

13-1878704

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS	4	21	PROGRAM SERVICES	PROVIDE JOB TRAINING, HIGHER EDUCATION, LEGAL AND SOCIAL SERVICES TO REFUGEES AND MIGRANTS	503,755.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO	1	2	PROGRAM SERVICES	PROVIDE HEALTH AND SOCIAL SERVICES TO REFUGEE CHILDREN	127,666.
<b>3 a Subtotal</b> .....	5	23			631,421.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	5	23			631,421.

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

Schedule F (Form 990) 2023

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule F (Form 990) 2023

**13-1878704**

Page **2**

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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) 2023**

Part III can be duplicated if additional space is needed.

[illegible]

US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.

Schedule F (Form 990) 2023

13-1878704 Page 4

**Part IV** Foreign Forms

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

Schedule F (Form 990) 2023

<b>Part V</b>	<b>Supplemental Information</b>
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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 I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Employer identification number  
**13-1878704**

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

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A COMPASSIONATE HART MASSAGE THERAPY - 2005 WEST 8TH STREET - ERIE, PA 16505	47-3244157	501(C)(3)	59,928.	0.			AGENCY PAYMENTS
ABILENE - TAYLOR COUNTY PUBLIC HEALTH DISTRICT - 850 NORTH 6TH STREET - ABILENE, TX 79601	17-5600044	GOVT ENTITY	471,575.	0.			AGENCY PAYMENTS
ACCESS FAMILY CARE 475 NELSON AVE NEOSHO, MO 64850	43-1752799	501(C)(3)	34,879.	0.			AGENCY PAYMENTS
ADVOCATES FOR HEALTH COMMUNITY INC 440 EAST TAMPA STREETS SPRINGFIELD, MO 65806	43-8000610	501(C)(3)	101,257.	0.			AGENCY PAYMENTS
AFFINIA HEALTHCARE 1717 BIDDLE ST LOUIS, MO 63106	43-0817642	501(C)(3)	225,971.	0.			AGENCY PAYMENTS
ALAS FAMILY SUPPORT CENTER, INC. 16652 SW WARFIELD BOULEVARD INDIANTOWN, FL 34956-4407	46-0947937	501(C)(3)	64,992.	0.			AGENCY PAYMENTS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **157.**

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

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

Schedule I (Form 990) 2023

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule I (Form 990)

**13-1878704**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR MULTICULTURAL COMMUNITY SERVICES - 6420 HILLCROFT AVE. - HOUSTON, TX 77081	76-0171217	501(C)(3)	606,188.	0.			AGENCY PAYMENTS
AMARILLO DEPARTMENT OF PUBLIC HEALTH - 1000 MARTIN ROAD - AMARILLO, TX 79107	75-6000444	GOVT ENTITY	818,485.	0.			AGENCY PAYMENTS
AMPAA 11206 CHAPEL ROAD FAIRFAX STATION, VA 22039	04-3161512	501(C)(3)	1,249,222.	0.			AGENCY PAYMENTS
ANSAR OF PITTSBURGH 161 CHORRYDOLL D1 IVE PITTSBURG, PA 15220	81-4052305	501(C)(3)	1,164,944.	0.			AGENCY PAYMENTS
ARKANSAS COLITION AGAINST SEXUAL ASSAULT (ACASA) - P.O.BOX 3837 - LITTLE ROCK, AR 72203	71-0821401	501(C)(3)	10,147.	0.			AGENCY PAYMENTS
ASYLEE WOMEN ENTERPRISE 4500 FRANKFORD AVE. BALTIMORE, MD 21206	45-3769025	501(C)(3)	183,871.	0.			AGENCY PAYMENTS
AYUDA 2755 HARTLAND ROAD STE 100 FALLS CHURCH, VA 22043	52-0971440	501(C)(3)	291,230.	0.			AGENCY PAYMENTS
BEXAR COUNTY 4502 MEDICAL DRIVE SAN ANTONIO, TX 78229	74-6002164	GOVT ENTITY	2,407,702.	0.			AGENCY PAYMENTS
BILINGUAL EDUCATION INSTITUTE 6060 RICHMOND AVE, STE 180 HOUSTON, TX 77057	76-0403008	FOR-PROFIT	880,086.	0.			AGENCY PAYMENTS

Schedule I (Form 990)

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule I (Form 990)

**13-1878704**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILDING HOPE IN THE CITY P.O. BOX 93568 CLEVELAND, OH 44101	33-1072830	501(C)(3)	7,500.	0.			AGENCY PAYMENTS
CAMBA INC. 1720 CHURCH AVENUE, 2ND FLOOR BROOKLYN, NY 11226	42-1342872	501(C)(3)	3,760,133.	0.			AGENCY PAYMENTS
CATHERINE MCAULEY CENTER 866 4TH AVE. SE CEDAR RAPIDS, IA 52403	58-1097003	501(C)(3)	2,249,932.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES BATON ROUGE 1900 S. ACADIAN THRUWAY BATON ROUGE, LA 70808	72-0590685	501(C)(3)	56,995.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES COUNSELLING & ADOPTION SERVICES - 329 WEST 10TH STREET - ERIE, PA 16502	25-1041250	501(C)(3)	283,232.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES DIOCESS OF FORT WORTH, INC - 249 W THORNHILL DR. - FORT WORTH, TX 76115	75-0808769	501(C)(3)	229,466.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES LOS ANGELES 4322 SAN FERNANDO ROAD GLENDALE, CA 91204-1111	95-1690973	501(C)(3)	44,003.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES NJ 200 MONMOUTH AVE. LAKEWOOD, NJ 08701	21-0634494	501(C)(3)	9,622.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES OF ARCHDIOCESE OF GALVESTON - 2900 LOUISIANA STREET - HOUSTON, TX 77006	74-1109733	501(C)(3)	656,710.	0.			AGENCY PAYMENTS

Schedule I (Form 990)



**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule I (Form 990)

**13-1878704**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF DALLAS, INC. 1421 W. MOCKINGBIRD LANE DALLAS, TX 75247-4905	75-2745221	501(C)(3)	283,426.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES OF GALVESTON-HOUSTON DIOCESE - 2900 LOUISIANA ST - HOUSTON, TX 77006	74-1109733	501(C)(3)	18,563.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES OF IDAHO 7201 W. FRANKLIN RD. BOISE, ID 83709	82-0524367	501(C)(3)	17,662.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES OF SW KANSAS 906 CENTRAL AVE. DODGE CITY, KS 67801	48-0697602	501(C)(3)	39,637.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES SAN ANTONIO 110 BANDERA ROAD SAN ANTONIO, TX 78228-5818	74-1109743	501(C)(3)	266,252.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES WASHINGTON DC 1018 MONROE STREET NE WASHINGTON, DC 20017-1760	53-0196524	501(C)(3)	89,714.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES, ARCHDIOCESE OF SAN ANTONIO - 202 W. FRENCH PLACE - SAN ANTONIO, TX 78212-5818	74-1109743	501(C)(3)	973,209.	0.			AGENCY PAYMENTS
CATHOLIC CHARITIES, DIOCESE OF PALM BEACH - 100 W 20TH STREET - RIVIERA BEACH, FL 33404-6158	59-2470479	501(C)(3)	85,265.	0.			AGENCY PAYMENTS
CENTER FOR SURVIVORS OF TORTURE 9415 BURNET ROAD, SUITE 201 AUSTIN, TX 78758	75-2872010	501(C)(3)	653,026.	0.			AGENCY PAYMENTS

Schedule I (Form 990)

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule I (Form 990)

**13-1878704**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S BUREAU (ALL FOR KIDS) 50 S. ANAHEIM BLVD., STE # 241 ANAHEIM, CA 92805	95-1690975	501(C)(3)	6,011,702.	0.			AGENCY PAYMENTS
CITY OF AUSTIN HEALTH AND HUMAN SERVICES - 7201 LEVANDER LOOP - AUSTIN, TX 78767	74-6000085	GOVT ENTITY	2,409,342.	0.			AGENCY PAYMENTS
COLLEGE OF SOUTHERN IDAHO 1526 HIGHLAND AVE. E. TWIN FALLS, ID 83301	86-0120506	501(C)(3)	656,522.	0.			AGENCY PAYMENTS
COMMONWEALTH CATHOLIC CHARITIES-NEWPORT NEWS - 12284 WARWICK BLVD. - NEWPORT NEWS, VA 23601	54-0505877	501(C)(3)	16,900.	0.			AGENCY PAYMENTS
COMPASS HEALTH PO BOX 954259 ST LOUIS, MO 63195	43-1032835	501(C)(3)	15,480.	0.			AGENCY PAYMENTS
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605-1704	06-0669118	501(C)(3)	1,603,243.	0.			AGENCY PAYMENTS
COPTIC ORTHODOX CHARITIES INC 2312 GULF OF BAY BLVD CLEARWATER, FL 33765	55-0790330	501(C)(3)	1,039,054.	0.			AGENCY PAYMENTS
COPTIC ORTHODOX CHARITIES, INC 2312 GULF TO BAY BLVD CLEARWATER, FL 33765	55-0790330	501(C)(3)	8,015.	0.			AGENCY PAYMENTS
DALLAS COUNTY 509 MAIN STREET SUITE 407 HOUSTON,, TX 75202	75-6000905	GOVT ENTITY	2,239,733.	0.			AGENCY PAYMENTS

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DAMAYAN MIGRANT WORKERS CENTER 406 WEST 40TH, 3RD FLOOR NEW YORK, NY 10018	03-0481206	501(C)(3)	37,062.	0.			AGENCY PAYMENTS
DBA RAICES 1305 N FLORES ST SAN ANTONIO, TX 78212	74-2436920	501(C)(3)	810,083.	0.			AGENCY PAYMENTS
DELLA LAMB COMMUNITY SERVICES 500 WOODLAND AVE KANSAS CITY, MO 64106	44-0549931	501(C)(3)	421,826.	0.			AGENCY PAYMENTS
DEPARTMENT FOR CHILDREN AND FAMILIES - 280 STATE DRIVE - WATERBURY, VT 05671-1060	03-6000274	GOVT ENTITY	5,567.	0.			AGENCY PAYMENTS
DRAGONFLY HOME P.O.BOX 94613 OKLAHAMA CITY, OK 73143	81-1809133	501(C)(3)	10,244.	0.			AGENCY PAYMENTS
ECDC AFRICAN COMMUNITY CENTER 901 S. HIGHLAND STREET ARLINGTON, VA 22204-2400	52-1308986	501(C)(3)	56,349.	0.			AGENCY PAYMENTS
EDUCATIONAL EVALUATORS, INC. 6 PINE HILL CT. DOVER, NJ 07801	22-6865820	501(C)(3)	112,500.	0.			AGENCY PAYMENTS
ENGAGING MINDS SERVICES, INC. 1201 A CREEL ST., STE 104 CONWAY, SC 29527	83-0606762	501(C)(3)	34,643.	0.			AGENCY PAYMENTS
ETHIOPIAN CDC - TVAP 901 S. HIGHLAND ST ARLINGTON, VA 22304	52-1308986	501(C)(3)	17,216.	0.			AGENCY PAYMENTS

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FAMIL PO BOX 9263 MCLEAN, VA 22102	87-2243748	501(C)(3)	907,520.	0.			AGENCY PAYMENTS
FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVENUE ST. LOUIS, MO 63111	23-7076112	501(C)(3)	9,213.	0.			AGENCY PAYMENTS
FRESNO ECONOMIC OPPORTUNITY COMMISSION - 1290 MARAIPOSA MALL, STE. 300 - FRESNO, CA 93721	94-1606519	501(C)(3)	22,720.	0.			AGENCY PAYMENTS
HARRIS COUNTY 1001 PRESTON STREET, STE 911 HOUSTON, TX 77002	76-0454514	GOVT ENTITY	7,459,209.	0.			AGENCY PAYMENTS
HEALTH PROTECTION AND EDUCATION SERVICE - 6900 DELMAR BLVD. - ST. LOUIS, MO 63130	27-2096715	501(C)(3)	18,523.	0.			AGENCY PAYMENTS
HEARTLAND ALLIANCE FOR HUMAN NEEDS AND HR- CHICAGO - 4411 N. RAVENSWOOD AVE - CHICAGO, IL 60640	36-4053244	501(C)(3)	3,662,270.	0.			AGENCY PAYMENTS
HEARTLAND HUMAN CARE SVCS TVAP-NGO 1218 N PAULINA ST. APR. 2 CHICAGO, IL 60622	36-4053244	501(C)(3)	61,652.	0.			AGENCY PAYMENTS
HELLO COMMUNITY SERVICES - CA 3723 OLIVE ST HUNTINGTON PARK, CA 90255	88-4278819	501(C)(3)	172,423.	0.			AGENCY PAYMENTS
HELLO COMMUNITY SERVICES - OK 2604 HUNTWICK DR EDMOND, OK 73034	88-4278819	501(C)(3)	66,197.	0.			AGENCY PAYMENTS

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HELLO NEIGHBOR 6587 HAMILTON AVE. #1E PITTSBURGH, PA 15206	82-3695047	501(C)(3)	3,418,601.	0.			AGENCY PAYMENTS
HOPE UNITED 1064 E GRAND AVE. ARROYO GRANDE, CA 93420	30-1163119	501(C)(3)	8,239.	0.			AGENCY PAYMENTS
HUMAN RIGHTS FIRST 75 BROAD ST., 31ST FLOOR NEW YORK, NY 10004	13-3116646	501(C)(3)	453,838.	0.			AGENCY PAYMENTS
ICF INCORPORATED LLC 9300 LEE HIGHWAY FAIRFAX, VA 22031	52-0893615	FOR-PROFIT	15,166,377.	0.			AGENCY PAYMENTS
ICNA RELIEF USA PROGRAMS 1529 JERICHO TPK NEW HYDE PARK, NY 11040	04-3810161	501(C)(3)	88,827.	0.			AGENCY PAYMENTS
IDAHO ANTI-TRAFFICKING COALITION, INC. - 868 E. RIVERSIDE DRIVE, STE 170 - EAGLE, ID 83606	82-5160711	501(C)(3)	12,458.	0.			AGENCY PAYMENTS
IMMIGRANT AND REFUGEE COMMUNITY ORGANIZATION - 10301 NE GLISAN ST - PORTLAND, OR 97220	93-0806295	501(C)(3)	1,126,579.	0.			AGENCY PAYMENTS
IMMIGRANTS ASSISTANCE CENTER 58 CRAPO STREET NEW BEDFORD, MA 02740	04-2530908	501(C)(3)	7,577.	0.			AGENCY PAYMENTS
INSPIRITUS 731 PEACHTREE STREET NE, STE B ATLANTA, GA 30308	58-1535692	501(C)(3)	45,379.	0.			AGENCY PAYMENTS

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INTERFAITH ACTION OF CENTRAL TEXAS 2921 E. 17TH ST., BLDG. D, STE. #3 AUSTIN, TX 78702	74-2509149	501(C)(3)	353,903.	0.			AGENCY PAYMENTS
INTERFAITH MINISTRIES FOR GREATER HOUSTON - 3303 MAIN STREET - HOUSTON, TX 77002	84-1488102	501(C)(3)	444,862.	0.			AGENCY PAYMENTS
INTERFAITH-RISE 19-21 SOUTH 2ND AVENUE HIGHLAND PARK, NJ 08904	94-3152098	501(C)(3)	4,665,880.	0.			AGENCY PAYMENTS
INTERNATIONAL CENTER, OWENSBORO 2818 NEW HARTFORD ROAD OWENSBORO, KY 42303	61-0994341	501(C)(3)	890,402.	0.			AGENCY PAYMENTS
INTERNATIONAL COUNCIL FOR REFUGEES & IMMIGRANTS - 7315 MAPLE STREET, STE # 2 - OMAHA, NE 68134	93-0806295	501(C)(3)	109,506.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF AKRON 207 EAST TALLMADGE AVENUE AKRON, OH 44310	34-0733161	501(C)(3)	3,274,730.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF BUFFALO 864 DELAWARE AVENUE BUFFALO, NY 14209	16-0743052	501(C)(3)	2,396,290.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF LA 330 ARDEN AVE., STE 120 GLENDALE, CA 91203	95-1641446	501(C)(3)	2,919,525.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF LOS ANGELES - 3845 SELIG PLACE - LOS ANGELES, CA 90031	95-1641446	501(C)(3)	1,305,026.	0.			AGENCY PAYMENTS

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INTERNATIONAL INSTITUTE OF LOWELL 15-17 WARREN STREET LOWELL, MA 01852	04-2104325	501(C)(3)	1,808,702.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF MINNESOTA - 1694 COMO AVENUE - ST. PAUL, MN 55108	41-0693912	501(C)(3)	3,180,006.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF NEW ENGLAND - ONE MILK STREET # 4 - BOSTON, MA 02109	04-2104325	501(C)(3)	6,736,472.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC. - 2 BOYLSTON ST. , 3RD FLOOR - BOSTON, MA 02116	04-2104325	501(C)(3)	19,411.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF NEW ENGLAND, INC/LEGAL - 2 BOYLSTON ST, 3RD FLOOR - BOSTON, MA 02116	42-2104325	501(C)(3)	10,241.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF NEW HAMPSHIRE - 1850 ELM STREET - MANCHESTER, NH 03104	04-2104325	501(C)(3)	1,607,903.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF RHODE ISLAND - 645 ELMWOOD AVENUE - PROVIDENCE, RI 02907	05-0258886	501(C)(3)	2,767,298.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF ST. LOUIS - 3654 S. GRAND BLVD. - ST. LOUIS, MO 63118	91-1674016	501(C)(3)	7,421,974.	0.			AGENCY PAYMENTS
INTERNATIONAL INSTITUTE OF WISCONSIN - 1110 N. OLD WORLD 3RD STREET SUITE 402 - MILWAUKEE, WI 53203	39-0806350	501(C)(3)	1,738,435.	0.			AGENCY PAYMENTS

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INTERNATIONAL INSTITUTE SOUTHWEST MISSOURI - 334 E COMMERCIAL STREET, STE 212 - SPRINGFIELD, MO 65803	43-0652640	501(C)(3)	1,498,136.	0.			AGENCY PAYMENTS
INTERNATIONAL RESCUE COMMITTEE - OAKLAND - 440 GRAND AVE., STE. 500 - OAKLAND, CA 94610	13-5660870	501(C)(3)	125,539.	0.			AGENCY PAYMENTS
INTERNATIONAL RESCUE COMMITTEE - SILVER SPRING - 8719 COLESVILLE RD., 3RD FLOOR - SILVER SPRING, MD 20910	13-5660870	501(C)(3)	36,144.	0.			AGENCY PAYMENTS
INTERNATIONAL RESCUE COMMITTEE - TURLOCK - 122 EAST 42ND STREET - NEW YORK, NY 10168	13-5660870	501(C)(3)	34,024.	0.			AGENCY PAYMENTS
INTERNATIONAL RESCUE COMMITTEE, INC. - 122 EAST 42ND STREET - NEW YORK, NY 10709	13-5660870	501(C)(3)	1,930,587.	0.			AGENCY PAYMENTS
INT'L CHRISTIAN ADOPTIONS 41745 RIDER WAY #2 TEMECULA, CA 92590	33-0412343	501(C)(3)	24,690.	0.			AGENCY PAYMENTS
INTO THE LIGHT PO BOX 313 MOUNTAIN HOME, AR 72654-0313	46-5122724	501(C)(3)	6,958.	0.			AGENCY PAYMENTS
IRC DALLAS-ARHP 6500 GREENVILLE AVE, STE 500 DALLAS, TX 75206	13-5660870	501(C)(3)	532,993.	0.			AGENCY PAYMENTS
JEWISH FAMILY SERVICE - WA 841 CENTRAL AVE. N. KENT, WA 98032	91-0565537	501(C)(3)	30,828.	0.			AGENCY PAYMENTS

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JEWISH FAMILY SERVICE OF BUFFALO AND ERIE COUNTY - 70 BARKER ST. - BUFFALO, NY 14209	16-0760888	501(C)(3)	65,594.	0.			AGENCY PAYMENTS
JEWISH FAMILY SERVICES - LA 3330 WEST ESPLANADE AVE., SUITE 600 METAIRIE, LA 70002	72-0851575	501(C)(3)	1,720,805.	0.			AGENCY PAYMENTS
JEWISH VOCATIONAL SERVICES 1608 BALTIMORE AVE KANSAS CITY, MO 64108	44-0545994	501(C)(3)	5,161,869.	0.			AGENCY PAYMENTS
KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	145,908.	0.			AGENCY PAYMENTS
LA MAESTRA COMMUNITY HEALTH CENTERS - 4060 FAIRMOUNT AVE. - SAN DIEGO, CA 92105	33-0473171	501(C)(3)	466,284.	0.			AGENCY PAYMENTS
LAO FAMILY COMM DEVELOPMENT 3400 WATT AVENUE STE. 204 SACRAMENTO, CA 95821	94-3115164	501(C)(3)	1,616,271.	0.			AGENCY PAYMENTS
LATINO MEMPHIS 6041 MT MORIAH EXT, STE 16 MEMPHIS, TN 38115	31-1694878	501(C)(3)	12,206.	0.			AGENCY PAYMENTS
LUTHERAN FAMILY SERVICE OF FLORIDA 3625 W WATERS AVE. TAMPA, FL 33614	59-2198911	501(C)(3)	225,587.	0.			AGENCY PAYMENTS
LUTHERAN FAMILY SERVICES OF NEBRASKA - 1941 S 42ND STREET STE 402 - OMAHA, NE 68105-2944	23-7267972	501(C)(3)	64,141.	0.			AGENCY PAYMENTS

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LUTHERAN FAMILY SERVICES ROCKY MOUNTAIN - 1600 DOWNING ST., STE. 600 - DENVER, CO 80219	84-0775550	501(C)(3)	52,183.	0.			AGENCY PAYMENTS
LUTHERAN SERVICES CAROLINAS 4020 WAKE FOREST RD STE 301 RALEIGH, NC 27609-6866	56-1286323	501(C)(3)	434,746.	0.			AGENCY PAYMENTS
LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE AVE. DES MOINES, IA 50311	42-0698267	501(C)(3)	13,876.	0.			AGENCY PAYMENTS
LUTHERAN SOCIAL SERVICE - NAT'L CAPITAL AREA - 1730 RHODE ISLAND AVE., NW, STE 712 - WASHINGTON, DC 20036	53-0207407	501(C)(3)	27,718.	0.			AGENCY PAYMENTS
LUTHERAN SOCIAL SERVICES MINNESOTA 22 WILSON AVENUE NE STE 110 ST. CLOUD, MN 56304-0440	41-0872993	501(C)(3)	61,355.	0.			AGENCY PAYMENTS
LUTHERAN SOCIAL SERVICES OF THE NORTHWEST - 605 SE CESAR ESTRADA CHAVEZ BLVD - PORTLAND, OR 97214	93-0386860	501(C)(3)	86,410.	0.			AGENCY PAYMENTS
LUTHERAN SOCIAL SERVICES OF THE SW 2502 E. UNIVERSITY DRIVE STE 125 PHOENIX, AZ 85034-6931	86-0252302	501(C)(3)	81,703.	0.			AGENCY PAYMENTS
MARY'S CENTER FOR MATERNAL AND CHILDCARE INC. - 2333 ONTARIO RD. N.W. - WASHINGTON, DC 20009	52-1594116	501(C)(3)	4,199,212.	0.			AGENCY PAYMENTS
METRO CENTER FOR COMMUNITY ADVOCACY - PO BOX 10775 - NEW ORLEANS, LA 70181-0775	72-1062244	501(C)(3)	7,923.	0.			AGENCY PAYMENTS

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MIDLAND HEALTH AND SENIOR SERVICES PO BOX 4905 MIDLAND,, TX 79704	75-6000608	GOVT ENTITY	434,944.	0.			AGENCY PAYMENTS
MO INTERNATIONAL INSTITUTE OF SAINT LOUIS - 3401 ARSENAL - ST. LOUIS, MO 63118	43-0652640	501(C)(3)	25,277.	0.			AGENCY PAYMENTS
MO REFUGEE & IMMIGRANT SERVICES & EDUCATION RAISE - P.O.BOX 187 - JOPLIN, MO 64802	82-1779829	501(C)(3)	136,210.	0.			AGENCY PAYMENTS
NAOMI PROJECT 222 N. SPRING AVE. SIOUX FALLS, SD 57104	35-2611927	501(C)(3)	35,402.	0.			AGENCY PAYMENTS
NATIONALITIES SERVICE CENTER 1216 ARCH STREET , 4TH FLOOR PHILADELPHIA, PA 19107	23-1352336	501(C)(3)	485,978.	0.			AGENCY PAYMENTS
NATIONALITIES SERVICES CENTER- PHILLADELPHIA - 1216 ARCH ST 4TH FLOOR - PHILADELPHIA, PA 19107	23-1352336	501(C)(3)	6,019,772.	0.			AGENCY PAYMENTS
NEW AMERICAN PATHWAY 2300 HENDERSON MILL ROAD ATLANTA, GA 30345	30-0130066	501(C)(3)	117,546.	0.			AGENCY PAYMENTS
NORTHERN NEVADA INT'L CENTER -RENO NV - 855 W 7TH STREET STE 270 - RENO, NV 89503-2706	94-2696785	501(C)(3)	1,153,397.	0.			AGENCY PAYMENTS
NORTHERN VA FAMILY SERVICES MULTICULTURAL HUM SVC - 10455 WHITE GRANITE DR STE 100 - OAKTON, VA 22124-2764	54-0791977	501(C)(3)	19,958.	0.			AGENCY PAYMENTS

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NORTHWEST HEALTH SERVICES, INC 2303 VILLAGE DR. SAINT JOSEPH, MO 64506	43-1323669	501(C)(3)	28,973.	0.			AGENCY PAYMENTS
PACIFIC GATEWAY CENTER 723-C UMI STREET HONOLULU, HI 96819-2390	99-0236204	501(C)(3)	364,294.	0.			AGENCY PAYMENTS
PRAXIS INTEGRATED FIBER WORKSHOP 15301 WATERLOO ROAD CLEVELAND, OH 44110	46-3033270	501(C)(3)	12,160.	0.			AGENCY PAYMENTS
RAICES 1305 N. FLORES ST. SAN ANTONIO, TX 78212	74-2436920	501(C)(3)	3,065,563.	0.			AGENCY PAYMENTS
RANCH HANDS RESCUE P.O.BOX 1047 ARGYLE, TX 76226	26-4610450	501(C)(3)	12,342.	0.			AGENCY PAYMENTS
RCHP-AHP-VINELAND 19 S 2ND AVE HIGHLAND PARK, NJ 08904	20-5012410	501(C)(3)	850,986.	0.			AGENCY PAYMENTS
REACT DC INC P.O. BOX 11633 ALEXANDRAI, VA 22312	87-2697692	501(C)(3)	2,381,499.	0.			AGENCY PAYMENTS
RESTORE NY 20 W 46TH STREET STE 2B NEW YORK, NY 10036-4504	20-2390142	501(C)(3)	221,323.	0.			AGENCY PAYMENTS
SAMUEL U.RODGERS HEALTH CENTER 825 EUCLID AVENUE KANSAS CITY, MO 64124	43-0899356	501(C)(3)	60,498.	0.			AGENCY PAYMENTS

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SANAR INSTITUTE P.O. BOX 32353 NEWARK, NJ 07102	47-3612405	501(C)(3)	9,331.	0.			AGENCY PAYMENTS
SANCTUARY FOR FAMILIES, INC. P.O. BOX WALL STREET STATION NEW YORK, NY 10268	13-3193119	501(C)(3)	31,885.	0.			AGENCY PAYMENTS
SOJOURNER HOUSE 386 SMITH STREET PROVIDENCE, RI 02908	39-1276210	501(C)(3)	30,966.	0.			AGENCY PAYMENTS
SOMALI BANTU ASSOCIATION OF AMERICA - 5532 EL CAJON BLVD SUITE 4 - SAN DIEGO, CA 92115	27-3390797	501(C)(3)	64,725.	0.			AGENCY PAYMENTS
STREET'S HOPE PO BOX 19416 DENVER, CO 80219-0416	20-0326829	501(C)(3)	194,750.	0.			AGENCY PAYMENTS
TAHIRIH JUSTICE CENTER 6402 ARLINGTON BLVD. STE 300 FALLS CHURCH, VA 22042	54-1858176	501(C)(3)	7,342.	0.			AGENCY PAYMENTS
TARRANT COUNTY 100 E. WEATHERFORD STREET, STE 506 FORT WORTH, TX 76196-0103	75-6001170	GOVT ENTITY	1,609,652.	0.			AGENCY PAYMENTS
THE ALLIANCE - TVAP 6440 HILLCROFT AVE., STE # 411 HOUSTON, TX 77081	76-0171217	501(C)(3)	61,302.	0.			AGENCY PAYMENTS
THE CHILDREN'S VILLAGE 1 ECHO HILL DOBBS FERRY, NY 10522	13-1739945	501(C)(3)	1,370,881.	0.			AGENCY PAYMENTS

Schedule I (Form 990)

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule I (Form 990)

**13-1878704**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE DESA GROUP, INC. P.O. BOX 290172 COLUMBIA, SC 29229	26-0646656	501(C)(3)	1,016,548.	0.			AGENCY PAYMENTS
THE REFORMED CHURCH OF HIGHLAND PARK AHC - 19 S. 2ND AVENUE - HIGHLAND PARK, NJ 08904	20-5012410	501(C)(3)	4,180,433.	0.			AGENCY PAYMENTS
UNIFIED ADMINISTRATORS, LLC 9900 COVINGTON CROSS DRIVE SUITE 21 LAS VEGAS, NV 89144	47-2700424	FOR-PROFIT	87,374,687.	0.			AGENCY PAYMENTS
UNIVERSITY OF SOUTH CAROLINA SYSTEM - 1600 HAMPTON STREET - COLUMBIA, SC 29208	57-6001153	501(C)(3)	94,668.	0.			AGENCY PAYMENTS
VECINA 2028 E. BEN WHITE BLVD. # 240 AUSTIN, TX 78741	84-2758709	501(C)(3)	220,822.	0.			AGENCY PAYMENTS
VECRA INC. 4640 FORBES BOULEVARD, STE 120B LANHAM, MD 20706	85-3743435	501(C)(3)	1,483,010.	0.			AGENCY PAYMENTS
V-TECH SOLUTIONS INC 1336 GIRARD STREET NW WASHINGTON, DC 20009	52-2281566	501(C)(3)	1,526,012.	0.			AGENCY PAYMENTS
WESTERN KENTUCKY RMA- BOWLING GREEN - 806 KENTON ST - BOWLING GREEN, KY 42101	61-0994341	501(C)(3)	2,131,561.	0.			AGENCY PAYMENTS
WESTERN KENTUCKY RMA- OWENSBORO 2818 NEW HARTFORD RD. OWENSBORO, KY 42303	61-0994341	501(C)(3)	588,611.	0.			AGENCY PAYMENTS

Schedule I (Form 990)

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule I (Form 990)

**13-1878704**

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMANKIND 32 BROADWAY 10TH FLOOR NEW YORK, NY 10004-1654	13-3286250	501(C)(3)	5,883.	0.			AGENCY PAYMENTS
YMCA INTERNATIONAL SERVICES 6300 WEST PARK, SUITE 600 HOUSTON, TX 77057	74-1109737	501(C)(3)	19,297,684.	0.			AGENCY PAYMENTS
YMCA OF GREATER HOUSTON P.O. BOX 3007 HOUSTON, TX 77253	74-1109737	501(C)(3)	1,250,348.	0.			AGENCY PAYMENTS
YOUTH CO-OP 2112 SOUTH CONGRESS AVENUE PALM SPRINGS, FL 33406	23-7320351	501(C)(3)	175,527.	0.			AGENCY PAYMENTS
YOUTH CO-OP, INC 2112 SOUTH CONGRESS AVENUE PALM SPRINGS, FL 33406	23-7320351	501(C)(3)	765,721.	0.			AGENCY PAYMENTS
YOUTH CO-OP, INC. 3525 NW 7TH STREET MIAMI, FL 33125	23-7320351	501(C)(3)	7,175,735.	0.			AGENCY PAYMENTS
YOUTH CO-OP, PALM SPRINGS 2112 CONGRESS AVENUE PALM SPRINGS, FL 33406	27-7320351	501(C)(3)	769,550.	0.			AGENCY PAYMENTS
ZOE INTERNATIONAL P.O. BOX 221510 SANTA CLARITA, CA 91322	14-1862549	501(C)(3)	5,146.	0.			AGENCY PAYMENTS
MENTAL HEALTH AMERICA OF MIDDLE TENNESSEE - 446 METROPLEX DRIVE STE A-224 - NASHVILLE, TN 37211-3186	62-0637710	501(C)(3)	776,520.	0.			AGENCY PAYMENTS

Schedule I (Form 990)

## Schedule I (Form 990)

Page 1

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**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule I (Form 990) 2023

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 noncash assistance
DIRECT REFUGEE ASSISTANCE - MEDICAL REPLACEMENT DESIGNEE PROGRAMS	19807	1,052,599.	0.		
DIRECT REFUGEE ASSISTANCE - REFUGEE SERVICES DIVISION	1104	1,462,838.	0.		
DIRECT REFUGEE ASSISTANCE - CENTER FOR REFUGEES AND IMMIGRANT CHILDREN	18155	2,264,978.	0.		
DIRECT REFUGEE ASSISTANCE - ERIE PROGRAMS	516	1,722,060.	68,474.	FMV	CLOTHING, BEDDING, NON-PERISHABLES
DIRECT REFUGEE ASSISTANCE - RALEIGH PROGRAMS	307	1,396,966.	219,756.	FMV	CLOTHING, BEDDING, NON-PERISHABLES

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

**PART I, LINE 2:**

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.

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule I (Form 990)

13-1878704

Page 2

**Part III** Continuation of Grants and Other Assistance to Domestic Individuals (Schedule I (Form 990), Part III.)

(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 noncash assistance
DIRECT REFUGEE ASSISTANCE - VERMONT PROGRAMS	272.	2,239,753.	205,670.	FMV	CLOTHING, BEDDING, NON-PERISHABLES
DIRECT REFUGEE ASSISTANCE - CLEVELAND PROGRAMS	623.	2,420,032.	33,552.	FMV	CLOTHING, BEDDING, NON-PERISHABLES
DIRECT REFUGEE ASSISTANCE - ALBANY PROGRAMS	479.	1,257,385.	124,594.	FMV	CLOTHING, BEDDING, NON-PERISHABLES
DIRECT REFUGEE ASSISTANCE - DES MOINES PROGRAMS	574.	1,769,541.	26,088.	FMV	CLOTHING, BEDDING, NON-PERISHABLES
DIRECT REFUGEE ASSISTANCE - LEGAL	6,141.	443,377.	0.		
DIRECT REFUGEE ASSISTANCE - DEARBORN PROGRAMS	625.	1,310,690.	8,311.	FMV	CLOTHING, BEDDING, NON-PERISHABLES
DIRECT REFUGEE ASSISTANCE - OTHER	602.	920,518.	101,869.	FMV	CLOTHING, BEDDING, NON-PERISHABLES

Schedule I (Form 990)

<b>Part IV</b>	<b>Supplemental Information</b>
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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **US COMMITTEE FOR REFUGEES AND IMMIGRANTS INC.** Employer identification number **13-1878704**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule J (Form 990) 2023

13-1878704

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ESKINDER NEGASH PRESIDENT, CEO	(i)	351,904.	0.	0.	35,190.	3,379.	390,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNAMARIE BENA SENIOR VP	(i)	261,789.	0.	0.	26,179.	10,184.	298,152.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) XAVIER GRAHAM CFO	(i)	238,068.	0.	0.	23,807.	25,709.	287,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WONY PAK DIRECTOR MIS	(i)	194,188.	0.	0.	19,419.	25,434.	239,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MATTHEW HAYWOOD VP, CHILDREN 'S SERVICES	(i)	183,455.	0.	0.	18,346.	22,328.	224,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MIKE COBURN VP	(i)	191,090.	0.	0.	2,923.	25,415.	219,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GRASINGER, DYLANNA VP, REFUGEE PROGRAM	(i)	171,673.	0.	0.	17,167.	20,186.	209,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GURSIMRAN GREWEL DIRECTOR REFUGEE HEALTH SERVICES	(i)	175,308.	0.	0.	17,531.	9,642.	202,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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

Attach to Form 990.

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

Name of the organization **US COMMITTEE FOR REFUGEES AND IMMIGRANTS INC.** Employer identification number **13-1878704**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....	X		788,315.	THRIFT SHOP VALUE
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( ..... )				
26 Other ( ..... )				
27 Other ( ..... )				
28 Other ( ..... )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2023

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization	US COMMITTEE FOR REFUGEES AND IMMIGRANTS INC.	Employer identification number	13-1878704
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WORLDWIDE AND SUPPORT THEIR TRANSITION TO A DIGNIFIED LIFE.

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

VERMONT PROGRAMS - VERMONT PROGRAMS PROVIDE REFUGEE WITH PIVOTAL LIFE

READINESS SERVICES TO ENSURE EVERY PERSON IS EMPOWERED WITH SKILLS AND

TOOLS NEEDED TO BECOME A SELF-SUFFICIENT AND PRODUCTIVE MEMBER OF A

GLOBAL SOCIETY.

EXPENSES \$ 5,572,946. INCLUDING GRANTS OF \$ 2,252,142. REVENUE \$ 0.

ERIE PROGRAMS - 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 \$ 5,527,913. INCLUDING GRANTS OF \$ 3,557,329. REVENUE \$ 0.

RALEIGH PROGRAMS - TO BRING HOPE AND OPPORTUNITY TO THE LIVES OF

REFUGEES AND IMMIGRANTS BY DEFENDING HUMAN RIGHTS, PROMOTING

SELF-SUFFICIENCY, AND FORGING COMMUNITY PARTNERSHIPS. PROGRAM FOCUS ON

MEETING THE IMMEDIATE BASIC NEEDS OF NEW ARRIVALS, ASSISTING REFUGEES

IN OBTAINING EARLY EMPLOYMENT AND ACHIEVING SELF-SUFFICIENCY AND

NURTURING COMMUNITY INTEGRATION FOR NEW AMERICANS.

EXPENSES \$ 3,829,814. INCLUDING GRANTS OF \$ 1,396,966. REVENUE \$ 0.

ALBANY PROGRAMS - 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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization **US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Employer identification number  
**13-1878704**

**INITIAL RESETTLEMENT, EMPLOYMENT, LINGUISTIC, AND LEGAL SERVICES  
PROGRAM.**

**EXPENSES \$ 3,654,289. INCLUDING GRANTS OF \$ 1,258,720. REVENUE \$ 0.**

**DES MOINES PROGRAMS - 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  
AMERICANS.**

**EXPENSES \$ 3,415,262. INCLUDING GRANTS OF \$ 1,769,541. REVENUE \$ 0.**

**CLEVELAND PROGRAMS - 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 \$ 6,123,804. INCLUDING GRANTS OF \$ 2,484,185. REVENUE \$ 0.**

**DEARBORN PROGRAMS - 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 \$ 1,928,459. INCLUDING GRANTS OF \$ 1,310,690. REVENUE \$ 0.**

**INTERNATIONAL ORGANIZATION FOR MIGRATION - 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**

Name of the organization **US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Employer identification number  
**13-1878704**

**AND RETAINS 25% OF THE REVENUES: THE 75% IS RETURNED TO IOM FOR ISSUING  
FUTURE LOANS.**

**EXPENSES \$ 407,812. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.**

**LEGAL SERVICES PROGRAMS**

**EXPENSES \$ 34,101,926. INCLUDING GRANTS OF \$ 25,545,522. REVENUE \$ 0.**

**DISCOVERING HOMES AND OTHER PROGRAMS**

**EXPENSES \$ 2,549,902. INCL GRANTS OF \$ 1,945,021. REVENUE \$ 709,676.**

**FORM 990, PART V, LINE 13, LIST OF STATES WITH QUALIFIED HEALTH PLANS:**

**AL,AK,AZ,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,WY**

**FORM 990, PART VI, SECTION B, LINE 11B:**

**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 FOR REVIEW. THE FINAL COPY IS SIGNED BY THE PRESIDENT AND CEO  
AND THEN PROVIDED TO THE BOARD MEMBERS.**

**FORM 990, PART VI, SECTION B, LINE 12C:**

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

**FORM 990, PART VI, SECTION B, LINE 15:**

**THE BOARD OF DIRECTORS HIRED AND EXECUTIVE COMPENSATION CONSULTANT TO  
PROVIDE THEM WITH A REPORT PRIOR TO DETERMINING THE CEO'S COMPENSATION.**

Name of the organization **US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Employer identification number  
**13-1878704**

**THIS RESEARCH INCLUDED THE PRESIDENT AND VICE PRESIDENT POSITIONS AND CFO.**

**FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:**

**AL,AK,AZ,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,WY**

**FORM 990, PART VI, SECTION C, LINE 19:**

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

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization <b>US COMMITTEE FOR REFUGEES AND IMMIGRANTS INC.</b>	Employer identification number <b>13-1878704</b>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(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
DISCOVERING HOMES LLC - 13-1878704 2231 CRYSTAL DRIVE, SUITE 350 ARLINGTON, VA 22202	PROVIDES REFUGEE HOUSING	OHIO	4,908.	1,300.	U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

**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 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(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	(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
							Yes	No		Yes	No	

**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.

[illegible]

**US COMMITTEE FOR REFUGEES AND  
IMMIGRANTS INC.**

Schedule R (Form 990) 2023

13-1878704 Page 3

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

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

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

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

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

## Part VI

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.

[illegible]



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