Form 990

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 10-01-2021 , and ending 09-30-2022

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
US COMMITTEE FOR REFUGEES AND IMMIGRANTS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 2231 CRYSTAL DRIVE 350

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
ARLINGTON, VA 22202

D Employer identification number
13-1878704

E Telephone number
(703) 310-1130

G Gross receipts $ 289,782,534

F Name and address of principal officer:
ESKINDER NEGASH
2231 CRYSTAL DRIVE 350
ARLINGTON,VA 22202

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ REFUGEES.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1958

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO PROTECT THE RIGHTS AND ADDRESS THE NEEDS OF PERSONS IN FORCED OR VOLUNTARY MIGRATION WORLDWIDE AND SUPPORT THEIR TRANSITION TO A DIGNIFIED LIFE.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	**5**	756
6	Total number of volunteers (estimate if necessary)	**6**	435
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	121,701,940	277,293,367
9	Program service revenue (Part VIII, line 2g)	2,854,564	2,502,788
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,390	302,439
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,730	150,759
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	124,758,624	280,249,353
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	90,192,909	224,652,539
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,871,999	38,179,244
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶688,448		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,204,562	9,615,608
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	122,269,470	272,447,391
19	Revenue less expenses. Subtract line 18 from line 12	2,489,154	7,801,962

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	73,971,820	54,124,679
21	Total liabilities (Part X, line 26)	56,102,365	29,795,766
22	Net assets or fund balances. Subtract line 21 from line 20	17,869,455	24,328,913

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2023-07-18

ESKINDER NEGASH PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01365820

Firm's name ▶ MARCUM LLP — Firm's EIN ▶ 11-1986323

Firm's address ▶ 1899L STREET NW 850
WASHINGTON, DC 20036

Phone no. (202) 227-4000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

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 $ 140,980,733 including grants of $ 134,766,628) (Revenue $ 2,502,788)

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 $ 65,396,377 including grants of $ 63,181,955) (Revenue $)

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 $ 39,364,082 including grants of $ 18,389,071) (Revenue $)

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.

(Code:) (Expenses $ 2,804,181 including grants of $ 633,976) (Revenue $)

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.

(Code:) (Expenses $ 3,087,382 including grants of $ 1,675,662) (Revenue $)

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.

(Code:) (Expenses $ 3,020,089 including grants of $ 1,401,567) (Revenue $)

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.

(Code:) (Expenses $ 1,535,282 including grants of $ 34,314) (Revenue $)

LEGAL

(Code:) (Expenses $ 2,615,078 including grants of $ 1,116,621) (Revenue $)

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

(Code:) (Expenses $ 2,300,983 including grants of $ 1,234,283) (Revenue $)

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.

(Code:) (Expenses $ 2,667,049 including grants of $ 1,370,063) (Revenue $)

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.

(Code:) (Expenses $ 1,307,567 including grants of $ 847,733) (Revenue $)

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

(Code:) (Expenses $ 287,979 including grants of $ 666) (Revenue $)

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

(Code:) (Expenses $ 58,878 including grants of $) (Revenue $)

DISCOVERING HOMES

4d Other program services (Describe in Schedule O.)

(Expenses $ 19,684,468 including grants of $ 8,314,885) (Revenue $)

4e **Total program service expenses** ▶ 265,425,660

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions.	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions.	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	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? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
28	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):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	115		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	756		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	Yes
b	If "Yes," enter the name of the foreign country: ▶ ES See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No
17	**Section 501(c)(21) organizations.** Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . If "Yes," complete Form 6069.			**17**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. 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 in Schedule O.	**1a**	13		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY

18 Section 6104 requires an organization to make its Form 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 in Schedule O)

19 Describe in 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 2231 CRYSTAL DRIVE 350 ARLINGTON, VA 22202 (703) 310-1130

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, 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, or 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 dotted 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) DIANN DAWSON CHAIR	1.00	X		X				0	0	0
(2) GENE DEFELICE TREASURER	1.00	X		X				0	0	0
(3) KATHERINE CROST SECRETARY	1.00	X		X				0	0	0
(4) KEVIN BEARDON DIRECTOR	1.00	X						0	0	0
(5) EARL JOHNSON DIRECTOR	1.00	X						0	0	0
(6) HELEN KANOVSKY DIRECTOR	1.00	X						0	0	0
(7) JEFFREY KELLEY DIRECTOR	1.00	X						0	0	0
(8) KATHERINE LAUD DIRECTOR	1.00	X						0	0	0
(9) REGIS MCDONALD DIRECTOR	1.00	X						0	0	0
(10) JEFFREY METZGER DIRECTOR	1.00	X						0	0	0
(11) JOHN MONAHAN DIRECTOR	1.00	X						0	0	0
(12) SAM UDANI DIRECTOR	1.00	X						0	0	0
(13) ESKINDER NEGASH PRESIDENT, CEO	50.00			X				289,987	0	29,414
(14) ANNAMARIE BENA VICE PRESIDENT	40.00			X				210,634	0	27,722
(15) XAVIER GRAHAM CFO	40.00			X				173,869	0	35,730
(16) KEVIN STUTERVENT VICE PRESIDENT , DEVELOPMENT	40.00			X				76,731	0	8,171
(17) WONY PAK DIRECTOR OF IT	40.00					X		168,676	0	35,983

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 dotted 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) MARIE OLENYCH DIRECTOR OF PROGRAMS	40.00					X		143,882	0	24,091
(19) MATTHEW HAYWOOD DIRECTOR OF PROGRAMS	40.00					X		136,050	0	31,462
(20) GURSIMRAN GREWEL DIRECTOR OF PROGRAMS	40.00					X		149,309	0	12,666
(21) JULIE PETRIE SENIOR DIRECTOR	40.00					X		129,581	0	20,903

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,478,719	0	226,142

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 ▶ 8

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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
ROSALIND GHAFAR ROGERS 2400 24TH RD SAPT 131 ARLINGTON, VA 22203	PSYCHIATRIC CLIENT SERVICE	291,188
NADIA HASHIMI 13101 PINEY MEETINGHOUSE RD POTOMAC, MD 20854	PSYCHIATRIC CLIENT SERVICE	188,375
TELEHEALTH 9100 S SEPULVEDA BLVD 124 LOS ANGELES, CA 90045	MENTAL HEALTH AND PREVENTATIVE SERVICE	125,440

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 ▶ 3

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
Contributions, Gifts, Grants, and OtherAmt Similar Amounts				
1a Federated campaigns . . 1a				
b Membership dues . . 1b				
c Fundraising events . . 1c				
d Related organizations 1d				
e Government grants (contributions) 1e	264,326,292			
f All other contributions, gifts, grants, and similar amounts not included above 1f	12,967,075			
g Noncash contributions included in lines 1a - 1f:$ 1g	315,893			
h **Total.** Add lines 1a-1f . . . . . ▶	277,293,367			
Program Service Revenue	Business Code			
2a INTERPRETATION	900099	971,967	971,967	
b IOM COLLECTION FEES	900099	670,195	670,195	
c SUBCONTRACT - SUBGRANTEE	900099	298,936	298,936	
d IMMIGRATION SERVICES	900099	210,886	210,886	
e CHILDCARE SERVICES	900099	186,854	186,854	
f All other program service revenue.		163,950	163,950	
g **Total.** Add lines 2a–2f. . . . . ▶	2,502,788			
3 Investment income (including dividends, interest, and other similar amounts)		125,630		125,630
4 Income from investment of tax-exempt bond proceeds ▶				
5 Royalties . . . . . ▶				
	(i) Real	(ii) Personal		
6a Gross rents 6a				
b Less: rental expenses 6b				
c Rental income or (loss) 6c				
d Net rental income or (loss)				
	(i) Securities	(ii) Other ▶		
7a Gross amount from sales of assets other than inventory 7a	9,694,705	15,285		
b Less: cost or other basis and sales expenses 7b	9,465,301	67,880		
c Gain or (loss) 7c	229,404	-52,595		
d Net gain or (loss) . . . . . ▶		176,809		176,809
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . 8a				
b Less: direct expenses 8b				
c Net income or (loss) from fundraising events . . ▶				
9a Gross income from gaming activities. See Part IV, line 19 . . . 9a				
b Less: direct expenses 9b				
c Net income or (loss) from gaming activities . . ▶				
10a Gross sales of inventory, less returns and allowances . . 10a				
b Less: cost of goods sold . . 10b				
c Net income or (loss) from sales of inventory . . ▶				
Miscellaneous Revenue	Business Code			
11a MISCELLANEOUS	900099	150,759		150,759
b				
c				
d All other revenue				
e **Total.** Add lines 11a–11d . . . . . ▶		150,759		
12 **Total revenue.** See instructions . . . . ▶		280,249,353	2,502,788	0 453,198

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	203,766,132	203,766,132		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	20,886,407	20,886,407		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,036,144		1,036,144	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	29,771,260	26,324,693	3,008,046	438,521
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,259,964	1,138,678	101,285	20,001
9 Other employee benefits	3,710,833	3,214,435	439,937	56,461
10 Payroll taxes	2,401,043	2,052,843	312,142	36,058
11 Fees for services (non-employees):				
a Management				
b Legal	107,366	87,206	17,751	2,409
c Accounting	320,456	260,284	52,981	7,191
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	37,383		37,383	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,966,045	1,530,313	399,983	35,749
12 Advertising and promotion	27,688	18,293	7,744	1,651
13 Office expenses	645,728	564,246	59,791	21,691
14 Information technology	1,285,567	1,225,468	57,495	2,604
15 Royalties				
16 Occupancy	3,373,574	2,935,988	401,714	35,872
17 Travel	255,704	216,051	38,459	1,194
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	103,328	64,009	38,996	323
20 Interest	126,091	67,227	41,613	17,251
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	152,919	8,095	144,824	
23 Insurance	832,675	743,572	84,572	4,531
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TRAINING & STAFF DEVELO	162,954	155,076	7,878	
b SUBSCRIPT. & REFERENCES	141,812	93,204	43,989	4,619
c MISC. EXPENSES	76,318	73,440	556	2,322
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	272,447,391	265,425,660	6,333,283	688,448
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		10,701,014	1	14,957,983
	2	Savings and temporary cash investments		7,984,770	2	9,111,443
	3	Pledges and grants receivable, net		46,939,089	3	22,134,171
	4	Accounts receivable, net		716,978	4	1,456,486
	5	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			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		576,670	9	602,572
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,521,308			
	b	Less: accumulated depreciation	10b 1,894,522	754,373	10c	626,786
	11	Investments—publicly traded securities		6,221,713	11	5,161,214
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		77,213	15	74,024
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		73,971,820	16	54,124,679
Liabilities	17	Accounts payable and accrued expenses		2,174,901	17	3,007,583
	18	Grants payable		44,401,533	18	14,602,370
	19	Deferred revenue		624,862	19	1,975,275
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		8,901,069	25	10,210,538
	26	**Total liabilities.** Add lines 17 through 25		56,102,365	26	29,795,766
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		17,329,881	27	19,142,407
	28	Net assets with donor restrictions		539,574	28	5,186,506
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		17,869,455	32	24,328,913
	33	Total liabilities and net assets/fund balances		73,971,820	33	54,124,679

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	**1**	280,249,353
2	Total expenses (must equal Part IX, column (A), line 25)	**2**	272,447,391
3	Revenue less expenses. Subtract line 2 from line 1	**3**	7,801,962
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . .	**4**	17,869,455
5	Net unrealized gains (losses) on investments	**5**	-1,342,504
6	Donated services and use of facilities	**6**	
7	Investment expenses	**7**	
8	Prior period adjustments	**8**	
9	Other changes in net assets or fund balances (explain in Schedule O)	**9**	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	**10**	24,328,913

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	**2a**		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	**2b**	Yes	
	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: ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	**2c**	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	**3a**	Yes	
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 in Schedule O and describe any steps taken to undergo such audits.	**3b**	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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* for instructions and the latest information.**

OMB No. 1545-0047

2021

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 **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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	52,515,578	66,668,776	69,959,672	121,701,940	276,977,474	587,823,440
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 **Total.** Add lines 1 through 3	52,515,578	66,668,776	69,959,672	121,701,940	276,977,474	587,823,440
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 **Public support.** Subtract line 5 from line 4.						587,823,440

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. .	52,515,578	66,668,776	69,959,672	121,701,940	276,977,474	587,823,440
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	202,642	134,231	212,831	110,613	125,630	785,947
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .				90,662	150,759	241,421
11 **Total support.** Add lines 7 through 10						588,850,808

12 Gross receipts from related activities, etc. (see instructions) 12 15,247,720

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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 99.830 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . 15 99.770 %

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2020.** 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 **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2021.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2020.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 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

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2020** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2021.** 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—2020.** 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	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?	**11a**		
b	A family member of a person described on 11a above?	**11b**		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	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? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described 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? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	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? *If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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.

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2021 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2021**	**(iii) Distributable Amount for 2021**
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2022.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

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* for instructions and the latest information.**

OMB No. 1545-0047

2021

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ $

3 Volunteer hours for political campaign activities. See instructions

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures	272,146,710	
e Total exempt purpose expenditures (add lines 1c and 1d)	272,146,710	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j 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? ☐ **Yes** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures. See Instructions	5	

Part IV Supplemental Information

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

Return Reference	Explanation	

Additional Data

Return to Form

Software ID:

Software Version:

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* for instructions and the latest information.**

OMB No. 1545-0047

2021

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (e.g., recreation or education)
☐ Preservation of an 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 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 in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, 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 2(d) 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 ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a 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 programs
- **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
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

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 . . . . ☐

Part V Endowment Funds.

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
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

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

- **a** Board designated or quasi-endowment ▶ .....
- **b** Permanent endowment ▶ .....
- **c** Term endowment ▶ .....

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

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

	Yes	**No**
3a(i) **(i)** Unrelated organizations		
3a(ii) **(ii)** Related organizations		
3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Accumulated depreciation	**(d)** Book value
1a Land		96,950		96,950
b Buildings		1,012,852	699,910	312,942
c Leasehold improvements		414,264	372,085	42,179
d Equipment		997,242	822,527	174,715
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				626,786

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)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	10,210,538

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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.

1	Total revenue, gains, and other support per audited financial statements			1	280,917,214
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-1,342,504		
b	Donated services and use of facilities	2b	1,995,153		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	652,649
3	Subtract line **2e** from line **1**			3	280,264,565
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,383		
b	Other (Describe in Part XIII.)	4b	-52,595		
c	Add lines **4a** and **4b**			4c	-15,212
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	280,249,353

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.

1	Total expenses and losses per audited financial statements			1	274,457,756
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	1,995,153		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	52,595		
e	Add lines **2a** through **2d**			2e	2,047,748
3	Subtract line **2e** from line **1**			3	272,410,008
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,383		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	37,383
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	272,447,391

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.

Return Reference	Explanation
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, 2022 AND 2021, 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 -52,595.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON SALE OF ASSETS 52,595.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

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 Activites 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 region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in the region	**(f)** Total expenditures for and investments in the region
(1)	CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	3	5	PROGRAM SERVICES	PROVIDE JOB TRAINING AND SOCIAL SERVICES	212,884
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	3	5			212,884
b	Total from continuation sheets to Part I . . .	0	0			0
c	**Totals** (add lines 3a and 3b)	3	5			212,884

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

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

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

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

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

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

ReturnReference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

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 for the latest information.**

OMB No. 1545-0047
2021
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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRICT 850 NORTH 6TH STREET ABILENE TX,TX 79601	17-5600044	501 (C) (3)	275,332	0			AGENCY PAYMENTS
(2) ADVOCATES FOR HEALTH COMMUNITY INC 440 EAST TAMPA STREETS SPRINGFIELD,MO 65806	43-8000610	501 (C) (3)	15,455	0			AGENCY PAYMENTS
(3) AFFINIA HEALTHCARE 1717 BIDDLE ST LOUIS,MO 63106	43-0817642	501 (C) (3)	95,493	0			AGENCY PAYMENTS
(4) ALAS FAMILY SUPPORT CENTER INC 16652 SW WARFIELD BOULEVARD INDIANTOWN,FL 349564407	46-0947937	501 (C) (3)	35,227	0			AGENCY PAYMENTS
(5) ANSAR OF PITTSBURGH 140E MAIN ST CARNEGIE,PA 15106	81-4052305	501 (C) (3)	496,394	0			AGENCY PAYMENTS
(6) ASIAN PACIFIC ISLANDER CHAYA PO BOX 14047 SEATTLE,WA 98114	91-1674016	501 (C) (3)	114,879	0			AGENCY PAYMENTS
(7) ASYLEE WOMEN ENTERPRISE 4500 FRANKFORD AVENUE BALTIMORE,MD 212065106	45-3769025	501 (C) (3)	319,524	0			AGENCY PAYMENTS
(8) AYUDA 1707 KALORAMA RD NW WASHINGTON,DC 20009	52-0971440	501 (C) (3)	413,769	0			AGENCY PAYMENTS
(9) BCS SOUTHERN NE 24 MYRTLE STREET FRAMINGHAM,MA 01702	04-2863717	501 (C) (3)	14,150	0			AGENCY PAYMENTS
(10) BETHANY CHRISTIAN SERVICES HQ (MAIN OFFICE OF MI) 1050 36TH STREET SE STE 400 GRAND RAPIDS,MI 495085581	38-3542119	501 (C) (3)	10,267	0			AGENCY PAYMENTS
(11) BETHANY CHRISTIAN SERVICES OF CENTRAL INDIANA (MAIN OFFICE OF IN) 7168 GRAHAM ROAD STE 125 INDIANAPOLIS,IN 462502677	38-1405282	501 (C) (3)	22,841	0			AGENCY PAYMENTS
(12) BETHANY CHRISTIAN SERVICES OF FLORIDA (MAIN OFFICE OF FL) 29 WEST SMITH STREET WINTER GARDEN,FL 347873582	38-3541224	501 (C) (3)	90,949	0			AGENCY PAYMENTS
(13) BETHANY CHRISTIAN SERVICES OF GEORGIA (MAIN OFFICE OF GA) 6645 PEACHTREE DUNWOODY ROAD NE ATLANTA,GA 303281606	38-1405282	501 (C) (3)	118,009	0			AGENCY PAYMENTS
(14) BETHANY CHRISTIAN SERVICES OF MARYLAND & DC (MAIN OFFICE OF MD & DC) 2142 PRIEST BRIDGE COURT STE 1 CROFTON,MD 211142545	31-1282580	501 (C) (3)	21,711	0			AGENCY PAYMENTS
(15) BETHANY CHRISTIAN SERVICES OF NEW JERSEY (MAIN OFFICE OF NJ) 12-19 RIVER ROAD FAIR LAWN,NJ 074101843	22-2767728	501 (C) (3)	53,754	0			AGENCY PAYMENTS
(16) BETHANY CHRISTIAN SERVICES OF NORTH CAROLINA 1110 NAVAHO DR SUITE 109 RALEIGH,NC 27609	31-1308382	501 (C) (3)	19,618	0			AGENCY PAYMENTS
(17) BETHANY CHRISTIAN SERVICES OF SE MI 30685 BARRINGTON ST STE 140 MADISON HEIGHTS,MI 480715116	38-3542119	501 (C) (3)	12,285	0			AGENCY PAYMENTS
(18) BETHANY CHRISTIAN SERVICES OF VIRGINIA (MAIN OFFICE OF VA) 8100 THREE CHOPT RD STE 220M RICHMOND,VA 232294833	31-1196727	501 (C) (3)	82,848	0			AGENCY PAYMENTS
(19) BEXAR COUNTY HOSPITAL DISTRICT 4502 MEDICAL DRIVE SAN ANTONIO TX,TX 78229	74-6002164	501 (C) (3)	1,655,746	0			AGENCY PAYMENTS
(20) BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT,MA 02467	11-2480339	501 (C) (3)	113,963	0			AGENCY PAYMENTS
(21) BRANDEIS UNIVERSITY 415 SSTREET WALTHAM,MA 02453	04-2103552	501 (C) (3)	6,764	0			AGENCY PAYMENTS
(22) CAMBA INC 1720 CHURCH AVENUE 2ND FLOOR BROOKLYN,NY 11226	42-1342872	501 (C) (3)	1,430,670	0			AGENCY PAYMENTS
(23) CATHERINE MCAULEY CENTER 866 4TH AVE SE CEDAR RAPIDS,IA 52403	58-1097003	501 (C) (3)	1,943,851	0			AGENCY PAYMENTS
(24) CATHOLIC CHARITIES NJ 200 MONMOUTH AVE LAKEWOOD,NJ 08701	21-0634494	501 (C) (3)	12,097	0			AGENCY PAYMENTS
(25) CATHOLIC CHARITIES OF ATLANTA 2401 LAKE PARK DRIVE SE SMYRNA,GA 300808862	74-1109733	501 (C) (3)	42,123	0			AGENCY PAYMENTS
(26) CATHOLIC CHARITIES OF GALVESTON-HOUSTON 2900 LOUISIANA STREET HOUSTON,TX 770063435	74-1109733	501 (C) (3)	119,403	0			AGENCY PAYMENTS
(27) CATHOLIC CHARITIES OF IDAHO 7201 W FRANKLIN RD BOISE,ID 83709	82-0524367	501 (C) (3)	31,083	0			AGENCY PAYMENTS
(28) CATHOLIC CHARITIES OF LOS ANGELES INC 4322 SAN FERNANDO ROAD GLENDALE,CA 912041111	95-1690973	501 (C) (3)	125,423	0			AGENCY PAYMENTS
(29) CATHOLIC CHARITIES OF OREGON 2740 SE POWELL BOULEVARD PORTLAND,OR 972022069	93-0386801	501 (C) (3)	121,721	0			AGENCY PAYMENTS
(30) CATHOLIC CHARITIES OF SAN ANTONIO 110 BANDERA ROAD SAN ANTONIO,TX 782285818	74-1109743	501 (C) (3)	179,049	0			AGENCY PAYMENTS
(31) CATHOLIC CHARITIES OF THE ARCHDIOCESES OF WASHINGTON 1018 MONROE STREET NE WASHINGTON,DC 200171760	53-0196524	501 (C) (3)	13,559	0			AGENCY PAYMENTS
(32) CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE 1900 S ACADIAN THRUWAY BATON ROUGE,LA 708081665	72-0590685	501 (C) (3)	51,760	0			AGENCY PAYMENTS
(33) CATHOLIC CHARITIES OF THE DIOCESE OF PALM BEACH 100 W 20TH STREET RIVIERA BEACH,FL 334046158	59-2470479	501 (C) (3)	39,808	0			AGENCY PAYMENTS
(34) CATHOLIC CHARITIES OF WEST VIRGINIA 1116 KANAWHA BOULEVARD EAST CHARLESTON,WV 253012403	55-0391262	501 (C) (3)	13,891	0			AGENCY PAYMENTS
(35) CENTER FOR PROGRESS AND EXCELLENCE 11940 FAIRWAY LAKES DR STE 4 FORT MYERS,FL 339138385	47-4810710	501 (C) (3)	17,068	0			AGENCY PAYMENTS
(36) CENTRAL COAST FREEDOM NETWORK PO BOX 2635 PISMO BEACH,CA 93448	47-4860462	501 (C) (3)	28,237	0			AGENCY PAYMENTS
(37) CHILDREN'S BUREAU 1910 MAGNOLIA AVE LOS ANGELES,CA 90007	95-1690975	501 (C) (3)	2,015,370	0			AGENCY PAYMENTS
(38) CITY OF AMARILLO 1000 MARTIN ROAD AMARILLO,TX 79107	75-6000444	501 (C) (3)	348,364	0			AGENCY PAYMENTS
(39) CITY OF AUSTIN 7201 LEVANDER LOOP AUSTIN,TX 78767	74-6000085	501 (C) (3)	1,183,079	0			AGENCY PAYMENTS
(40) CITY OF ST LOUIS DEPARTMENT OF HEALTH 1520 MARKETROOM 4051 ST LOUIS,MO 63103	43-6003231	501 (C) (3)	36,353	0			AGENCY PAYMENTS
(41) COLLEGE OF SOUTHERN IDAHO 1526 HIGHLAND AVE E TWIN FALLS,ID 83301	86-0120506	501 (C) (3)	851,792	0			AGENCY PAYMENTS
(42) COMMONWEALTH CATHOLIC CHARITIES - NEWPORT NEWS 12284 WARWICK BLVD SUITE 1-A NEWPORT NEWS,VA 23601	54-0505877	501 (C) (3)	5,279	0			AGENCY PAYMENTS
(43) COMPASS HEALTH PO BOX 954259 ST LOUIS,MO 63195	43-1032835	501 (C) (3)	15,756	0			AGENCY PAYMENTS
(44) CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS (MAIN) 670 CLINTON AVENUE BRIDGEPORT,CT 066051704	06-0669118	501 (C) (3)	113,724	0			AGENCY PAYMENTS
(45) DALLAS COUNTY 509 MAIN STREET SUITE 407 HOUSTON,TX 75202	75-6000905	501 (C) (3)	1,332,235	0			AGENCY PAYMENTS
(46) DAMAYAN MIGRANT WORKER'S ASSOCIATION INC 406 WEST 40TH 3RD FLOOR NEW YORK,NY 10018	03-0481206	501 (C) (3)	86,508	0			AGENCY PAYMENTS
(47) EAST CENTRAL ILLINOIS REFUGEE MUTUAL ASSISTANCE CENTER 201 WEST KENYON RD STE4D CHAMPAIGN,IL 618203201	37-1122770	501 (C) (3)	8,135	0			AGENCY PAYMENTS
(48) EDUCATIONAL EVALUATORS INC 6 PINE HILL CT DOVER,NJ 07801	22-6865820	501 (C) (3)	225,000	0			AGENCY PAYMENTS
(49) EMPOWERMENT COLLABORATIVE OF LONG ISLAND PO BOX 385 BOHEMIA,NY 11716	47-4824223	501 (C) (3)	107,529	0			AGENCY PAYMENTS
(50) ENGAGING MINDS SERVICES INC 1201 A CREEL ST SUITE 104 CONWAY,SC 29527	83-0606762	501 (C) (3)	50,106	0			AGENCY PAYMENTS
(51) ETHIOPIAN COMMUNITY DEVELOPMENT COUNCIL INC 901 S HIGHLAND STREET ARLINGTON,VA 222042400	52-1308986	501 (C) (3)	38,189	0			AGENCY PAYMENTS
(52) EXODUS REFUGEE IMMIGRATION 1125 E BROOKSIDE AVE STE C9 INDIANAPOLIS,IN 46202	35-1900090	501 (C) (3)	22,481	0			AGENCY PAYMENTS
(53) FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION 1290 MARIPOSA MALL STE 300 FRESNO,CA 93721	94-1606519	501 (C) (3)	16,483	0			AGENCY PAYMENTS
(54) HARRIS COUNTY 1001 PRESTON STREET SUITE 911 HOUSTON,TX 78229	76-0454514	501 (C) (3)	3,951,056	0			AGENCY PAYMENTS
(55) HEARTLAND ALLIANCE FOR HUMAN 208 S LASALLE STREETSTE1818 CHICAGO,IL 60604	36-4053244	501 (C) (3)	1,466,081	0			AGENCY PAYMENTS
(56) HEARTLAND HUMAN CARE SERVICES 208 S LASALLE STREET STE1300 CHICAGO,IL 60603	36-4053244	501 (C) (3)	153,725	0			AGENCY PAYMENTS
(57) HELLO NEIGHBOR 6587 HAMILTON AVE 1E PITTSBURGH,PA 15206	82-3695047	501 (C) (3)	1,058,155	0			AGENCY PAYMENTS
(58) IDAHO ANTI-TRAFFICKING COALITION INC 868 E RIVERSIDE DRIVE STE 170 EAGLE,ID 836166025	82-5160711	501 (C) (3)	7,905	0			AGENCY PAYMENTS
(59) IMMIGRANT AND REFUGEE COMMUNITY SERVICE 10301 NE GLISAN ST PORTLAND,OR 97220	93-0806295	501 (C) (3)	622,202	0			AGENCY PAYMENTS
(60) IMMIGRATION COUNSELING SERVICE 519 SW PARK AVE SUITE 610 PORTLAND,OR 97240	93-0696480	501 (C) (3)	43,521	0			AGENCY PAYMENTS
(61) INSPIRITUS 10301 NE GLISAN ST PORTLAND,OR 97220	58-1535692	501 (C) (3)	69,447	0			AGENCY PAYMENTS
(62) INTERFAITH-RISE 731 PEACHTREE STREET NE SUITE B ATLANTA,GA 30308	94-3152098	501 (C) (3)	2,862,584	0			AGENCY PAYMENTS
(63) INTERNATIONAL CENTER FOR KENTUCKY (MAIN OFFICE) 806 KENTON STREET BOWLING GREEN,KY 421012310	61-0994341	501 (C) (3)	525,982	0			AGENCY PAYMENTS
(64) INTERNATIONAL CHRISTIAN ADOPTION 41745 RIDER WAY 2 TEMECULA,CA 92590	33-0412343	501 (C) (3)	24,777	0			AGENCY PAYMENTS
(65) INTERNATIONAL INS OF OWENSBORO 2818 NEW HARTFORD RD OWENSBORO,KY 42303	61-0994341	501 (C) (3)	541,588	0			AGENCY PAYMENTS
(66) INTERNATIONAL INSTITUTE OF AKRON 207 EAST TALLMADGE AVENUE AKRON,OH 44310	34-0733161	501 (C) (3)	1,947,048	0			AGENCY PAYMENTS
(67) INTERNATIONAL INSTITUTE OF BOSTON 2 BOYLSTON STREET BOSTON,MA 02108	42-2104325	501 (C) (3)	945,410	0			AGENCY PAYMENTS
(68) INTERNATIONAL INSTITUTE OF BUFFALO 864 DELAWARE AVENUE BUFFALO,NY 14209	16-0743052	501 (C) (3)	1,278,789	0			AGENCY PAYMENTS
(69) INTERNATIONAL INSTITUTE OF CONNECTICUT 670 CLINTON AVENUE BRIDGEPORT,CT 06605	06-0669118	501 (C) (3)	849,699	0			AGENCY PAYMENTS
(70) INTERNATIONAL INSTITUTE OF LOS ANGELES 3845 SELIG PLACE LOS ANGELES,CA 90031	95-1641446	501 (C) (3)	4,934,243	0			AGENCY PAYMENTS
(71) INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVENUE ST PAUL,MN 55108	41-0693912	501 (C) (3)	2,108,510	0			AGENCY PAYMENTS
(72) INTERNATIONAL INSTITUTE OF NEW ENGLAND ONE MILK STREET 4 BOSTON,MA 02109	04-2104325	501 (C) (3)	1,652,249	0			AGENCY PAYMENTS
(73) INTERNATIONAL INSTITUTE OF RHODE ISLAND 645 ELMWOOD AVENUE PROVIDENCE,RI 02907	05-0258886	501 (C) (3)	1,161,087	0			AGENCY PAYMENTS
(74) INTERNATIONAL INSTITUTE OF SOUTHWEST MISSOURI 1114 E COMMERCIAL ST SPRINGFIELD,MO 65803	43-0652640	501 (C) (3)	792,267	0			AGENCY PAYMENTS
(75) INTERNATIONAL INSTITUTE OF ST LOUIS 3654 S GRAND BLVD ST LOUIS,MO 63118	91-1674016	501 (C) (3)	3,882,833	0			AGENCY PAYMENTS
(76) INTERNATIONAL INSTITUTE OF WISCONSIN 1110 N OLD WORLD 3RD STREET SUITE 402 MILWAUKEE,WI 53203	39-0806350	501 (C) (3)	1,447,550	0			AGENCY PAYMENTS
(77) INTERNATIONAL RESCUE COMMITTEE - OAKLAND 440 GRAND AVE STE 500 OAKLAND,CA 94610	13-5660870	501 (C) (3)	119,375	0			AGENCY PAYMENTS
(78) INTERNATIONAL RESCUE COMMITTEE - SAN JOSE 1210 SOUTH BASCOM AVENUE STE 227 SAN JOSE,CA 95128	13-5660870	501 (C) (3)	104,150	0			AGENCY PAYMENTS
(79) INTERNATIONAL RESCUE COMMITTEE - SILVER SPRING 8719 COLESVILLE RD 3RD FLOOR SILVER SPRING,MD 20910	13-5660870	501 (C) (3)	83,100	0			AGENCY PAYMENTS
(80) INTERNATIONAL RESCUE COMMITTEE - TALLAHASSEE (SATELLITE OFFICE OF FL) 1310 CROSS CREEK CIRCLE STE A TALLAHASSEE,FL 323018063	13-5660870	501 (C) (3)	6,736	0			AGENCY PAYMENTS
(81) INTERNATIONAL RESCUE COMMITTEE (HEADQUARTERS) 122 E 42ND STREET 12TH FLOOR NEW YORK,NY 101680002	13-5660870	501 (C) (3)	836,141	0			AGENCY PAYMENTS
(82) INTERNATIONALS INSTITUTE OF NEW HAMPSHIRELOWELL 101 JACKSON ST SUITE 2 LOWELL,MA 01852	04-2104325	501 (C) (3)	1,144,421	0			AGENCY PAYMENTS
(83) INTERNATIONALS INSTITUTE OF NEW HAMPSHIREMANCHESTER 470 PINE ST MANCHESTER,NH 03104	04-2104325	501 (C) (3)	388,606	0			AGENCY PAYMENTS
(84) INTO THE LIGHT PO BOX 313 MOUNTAIN HOME,AR 726540313	46-5122724	501 (C) (3)	6,467	0			AGENCY PAYMENTS
(85) JEWISH FAMILY SERVICES OF DELAWARE 99 PASSMORE ROAD WILMINGTON,DE 198031548	51-0097026	501 (C) (3)	23,288	0			AGENCY PAYMENTS
(86) JEWISH FAMILY SERVICES OF WA 841 CENTRAL AVE N KENT,WA 98032	91-0565537	501 (C) (3)	86,807	0			AGENCY PAYMENTS
(87) JEWISH VOCATIONAL SERVICE 1608 BALTIMORE AVENUE KANSAS CITY,MO 64108	44-0545994	501 (C) (3)	2,722,879	0			AGENCY PAYMENTS
(88) JOURNEY OUT 7136 HASKELL AVE SUITE 125 VAN NUYS,CA 91406	95-3817864	501 (C) (3)	5,737	0			AGENCY PAYMENTS
(89) LA MAESTRA COMMUNITY HEALTH CENTERS 4060 FAIRMOUNT AVE SAN DIEGO,CA 92105	33-0473171	501 (C) (3)	940,632	0			AGENCY PAYMENTS
(90) LAO FAMILY COMM DEVELOPMENT 2325 E 12TH ST OAKLAND,CA 94601	94-3115164	501 (C) (3)	1,281,572	0			AGENCY PAYMENTS
(91) LATINO MEMPHIS 6041 MT MORIAH EXT SUITE 16 LATINO MEMPHIS,TN 38115	31-1694878	501 (C) (3)	30,169	0			AGENCY PAYMENTS
(92) LUTHERAN FAMILY SERVICES OF FLORIDA 3627 A W WATERS AVENUE TAMPA,FL 336142783	59-2198911	501 (C) (3)	189,613	0			AGENCY PAYMENTS
(93) LUTHERAN FAMILY SERVICES OF IOWA 3125 COTTAGE GROVE AVE DES MOINES,IA 50311	42-0698267	501 (C) (3)	114,155	0			AGENCY PAYMENTS
(94) LUTHERAN FAMILY SERVICES OF NEBRASKA 1941 S 42ND STREET STE 402 OMAHA,NE 681052944	23-7267972	501 (C) (3)	175,049	0			AGENCY PAYMENTS
(95) LUTHERAN FAMILY SERVICES ROCKY MOUNTAIN 1600 DOWNING ST STE 600 DENVER,CO 80219	84-0775550	501 (C) (3)	226,529	0			AGENCY PAYMENTS
(96) LUTHERAN SOCIAL SERVICES CAROLINAS 4020 WAKE FOREST RD STE 301 RALEIGH,NC 276096866	56-1286323	501 (C) (3)	140,189	0			AGENCY PAYMENTS
(97) LUTHERAN SOCIAL SERVICES OF MINNESOTA 22 WILSON AVENUE NE STE 110 ST CLOUD,MN 563040440	41-0872993	501 (C) (3)	14,065	0			AGENCY PAYMENTS
(98) LUTHERAN SOCIAL SERVICES OF NATIONAL CAPITAL AREA 620 W 18TH STREET SIOUX FALLS,SD 57104	53-0207407	501 (C) (3)	35,805	0			AGENCY PAYMENTS
(99) MAJA HASIC 800 YANKTON DR LAWRENCEVILLE,GA 30043	26-0893219	501 (C) (3)	15,800	0			AGENCY PAYMENTS
(100) MARY'S CENTER FOR MATERNAL AND CHILDCARE INC 2333 ONTARIO RD NW WASHINGTON,DC 20009	52-1594116	501 (C) (3)	654,097	0			AGENCY PAYMENTS
(101) METRO CENTER FOR COMMUNITY ADVOCACY PO BOX 10775 NEW ORLEANS,LA 701810775	72-1062244	501 (C) (3)	15,075	0			AGENCY PAYMENTS
(102) MIDLAND HEALTH AND SENIOR SERVICES PO BOX 4905 MIDLAND,TX 79704	75-6000608	501 (C) (3)	30,956	0			AGENCY PAYMENTS
(103) NATIONALITIES SERVICE CENTER 1216 ARCH ST 4TH FLOOR PHILADELPHIA,PA 19107	23-1352336	501 (C) (3)	4,527,764	0			AGENCY PAYMENTS
(104) NORTHERN AREA MULTI SERVICE CENTER 209 THIRTEENTH STREET PITTSBURGH,PA 15215	23-7139992	501 (C) (3)	83,799	0			AGENCY PAYMENTS
(105) NORTHERN NEVADA INTERNATIONAL CENTER 855 W 7TH STREET STE 270 RENO,NV 895032706	94-2696785	501 (C) (3)	824,865	0			AGENCY PAYMENTS
(106) NORTHERN VIRGINIA FAMILY SERVICES 10455 WHITE GRANITE DR STE 100 OAKTON,VA 221242764	54-0791977	501 (C) (3)	132,783	0			AGENCY PAYMENTS
(107) OPENING DOORS 2118 K ST SACRAMENTO,CA 95816	37-1417129	501 (C) (3)	35,200	0			AGENCY PAYMENTS
(108) OZARK RAPE CRISIS CENTER INC 715 W MAIN STREET STE A CLARKSVILLE,AR 728303410	71-0713075	501 (C) (3)	5,141	0			AGENCY PAYMENTS
(109) PACIFIC GATEWAY CENTER 723-C UMI STREET HONOLULU,HI 968192390	99-0236204	501 (C) (3)	84,348	0			AGENCY PAYMENTS
(110) RAICES 1305 N FLORES ST SAN ANTONIO,TX 78212	74-2436920	501 (C) (3)	1,955,242	0			AGENCY PAYMENTS
(111) REFORMED CHURCH OF HIGHLAND PARK STILLWATERS ANTI-TRAFFICKING 19 S 2ND AVENUE HIGHLAND PARK,NJ 089042238	20-5012410	501 (C) (3)	1,234,676	0			AGENCY PAYMENTS
(112) REFUGEE SERVICES OF TEXAS 12025 SHILOH RD SUITE 240 DALLAS,TX 75228	75-1618251	501 (C) (3)	115,740	0			AGENCY PAYMENTS
(113) RESTORE NYC 20 W 46TH STREET STE 2B NEW YORK,NY 100364504	20-2390142	501 (C) (3)	273,693	0			AGENCY PAYMENTS
(114) RUBY'S PLACE 20880 BAKER RD CASTRO VALLEY,CA 94546	73-9456561	501 (C) (3)	12,360	0			AGENCY PAYMENTS
(115) SAMUEL URODGERS HEALTH CENTER 825 EUCLID AVENUE KANSAS CITY,MO 64124	43-0899356	501 (C) (3)	42,973	0			AGENCY PAYMENTS
(116) SANAR WELLNESS INSTITUTE PO BOX 32353 NEWARK,NJ 071020753	47-3612405	501 (C) (3)	150,896	0			AGENCY PAYMENTS
(117) SANCTUARY FOR FAMILIES INC PO BOX WALL STREET STATION NEW YORK,NY 10268	13-3193119	501 (C) (3)	80,827	0			AGENCY PAYMENTS
(118) SHARED BEGINNINGS 1845 MAIN DR ST B FAYETTEVILLE,AR 72704	82-4697719	501 (C) (3)	135,132	0			AGENCY PAYMENTS
(119) SOJOURNER HOUSE 386 SMITH STREET PROVIDENCE,RI 02908	39-1276210	501 (C) (3)	28,109	0			AGENCY PAYMENTS
(120) STREET'S HOPE PO BOX 19416 DENVER,CO 802190416	20-0326829	501 (C) (3)	27,548	0			AGENCY PAYMENTS
(121) TAHIRIH JUSTICE CENTER - FALLS CHURCH (HQ) 6402 ARLINGTON BLVD STE 300 FALLS CHURCH,VA 220422333	54-1858176	501 (C) (3)	35,819	0			AGENCY PAYMENTS
(122) TARRANT COUNTY 100 E WEATHERFORD STREET 506 FORT WORTH,TX 76196	75-6001170	501 (C) (3)	784,686	0			AGENCY PAYMENTS
(123) THAI CDC 6376 YUCCA ST SUITE B LOS ANGELES,CA 90028	73-9006561	501 (C) (3)	10,994	0			AGENCY PAYMENTS
(124) THE A21 CAMPAIGN 2781 W MACARTHUR BLVD STE B 605 SANTA ANA,CA 92704	73-9276561	501 (C) (3)	64,217	0			AGENCY PAYMENTS
(125) THE ALLIANCE - TVAP 6440 HILLCROFT AVE 411 HOUSTON,TX 77401	76-0171217	501 (C) (3)	72,217	0			AGENCY PAYMENTS
(126) THE CHILDREN'S VILLAGE ONE ECHO HILLS DOBBS FERRY,NY 10522	06-1599898	501 (C) (3)	482,532	0			AGENCY PAYMENTS
(127) THE DRAGONFLY HOME INC 207 NW 23RD STREET OKLAHOMA CITY,OK 731033232	81-1809133	501 (C) (3)	40,284	0			AGENCY PAYMENTS
(128) THE NAOMI PROJECT 222 N SPRING AVENUE SIOUX FALLS,SD 571043013	35-2611927	501 (C) (3)	50,649	0			AGENCY PAYMENTS
(129) UNIFIED ADMINISTRATOR 9900 COVINGTON CROSS DRIVE SUITE 210 LAS VEGAS,NV 89144	47-2700424	501 (C) (3)	121,023,874	0			AGENCY PAYMENTS
(130) UNITED MIGRANT OPPORTUNITY SERVICES 802 W HISTORIC MITCHELL STREET MILWAUKEE,WI 532043530	39-1047172	501 (C) (3)	69,473	0			AGENCY PAYMENTS
(131) WESTERN KENTUCKY REFUGEE MAA 806 KENTON STREET BOWLING GREENOWENSBORO,KY 42101	61-0994341	501 (C) (3)	2,103,122	0			AGENCY PAYMENTS
(132) WESTERN KENTUCKY RMA- OWENSBORO 2818 NEW HARTFORD ROAD OWENSBORO,KY 42303	61-0994341	501 (C) (3)	467,234	0			AGENCY PAYMENTS
(133) WOMANKIND 32 BROADWAY 10TH FLOOR NEW YORK,NY 100041654	13-3286250	501 (C) (3)	79,872	0			AGENCY PAYMENTS
(134) WORLD RELIEF TRIAD (MAIN OFFICE OF NC) 155 NORTHPOINT AVE STE 102 HIGH POINT,NC 272627723	23-6393344	501 (C) (3)	85,184	0			AGENCY PAYMENTS
(135) YMCA INTERNATIONAL SERVICES 6300 WEST PARK SUITE 600 HOUSTON,TX 77057	74-1109737	501 (C) (3)	9,310,647	0			AGENCY PAYMENTS
(136) YOUTH CO-OP INC 3525 NORTHWEST 7TH STREET MIAMI,FL 33125	23-7320351	501 (C) (3)	1,796,088	0			AGENCY PAYMENTS
(137) YOUTH CO-OP PALM SPRINGS 2112 CONGRESS AVENUE PALM SPRINGS,FL 33406	23-7320351	501 (C) (3)	1,066,613	0			AGENCY PAYMENTS
(138) YWCA KALAMAZOO 353 E MICHIGAN AVE KALAMAZOO,MI 49007	38-1360598	501 (C) (3)	49,954	0			AGENCY PAYMENTS
(139) YWCA OF TULSA 8145 EAST 17TH STREET TULSA,OK 741128311	73-0579296	501 (C) (3)	12,858	0			AGENCY PAYMENTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 139

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DIRECT REFUGEE ASSISTANCE - ALBANY PROGRAMS	852	1,107,029	9,592	FMV	CLOTHING, BEDDING, NON-PERISHABLES
(2) DIRECT REFUGEE ASSISTANCE - IOWA PROGRAMS	928	1,188,103	32,911	FMV	CLOTHING, BEDDING, NON-PERISHABLES
(3) DIRECT REFUGEE ASSISTANCE - OHIO PROGRAMS	1032	1,310,266	16,417	FMV	CLOTHING, BEDDING, NON-PERISHABLES
(4) DIRECT REFUGEE ASSISTANCE - ERIE PROGRAMS	1076	1,229,364	75,899	FMV	CLOTHING, BEDDING, NON-PERISHABLES
(5) DIRECT REFUGEE ASSISTANCE - MICHIGAN PROGRAMS	849	840,188	7,545	FMV	CLOTHING, BEDDING, NON-PERISHABLES
(6) DIRECT REFUGEE ASSISTANCE - RALEIGH PROGRAMS	906	1,302,277	95,503	FMV	CLOTHING, BEDDING, NON-PERISHABLES
(7) DIRECT REFUGEE ASSISTANCE - COLCHESTER PROGRAMS	376	528,985	78,026	FMV	CLOTHING, BEDDING, NON-PERISHABLES
(8) DIRECT REFUGEE ASSISTANCE - LEGAL	80	34,314			
(9) DIRECT REFUGEE ASSISTANCE - MEDICAL REPLACEMENT DESIGNEE	26936	3,117,642			
(10) DIRECT REFUGEE ASSISTANCE - REFUGEE SERVICES	9550	6,497,522			
(11) DIRECT REFUGEE ASSISTANCE - CENTER FOR REFUGEES AND IMMIGRANT CHILDREN	1250	3,414,152			
(12) DIRECT REFUGEE ASSISTANCE - OTHER	10	672			

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

Return Reference	Explanation
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.

Additional Data

Return to Form

Software ID:

Software Version:

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 for instructions and the latest information.**

OMB No. 1545-0047

2021

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

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing 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.			
	☐ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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 are not 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, 1099-MISC compensation, and/or 1099-NEC			**(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				
1ESKINDER NEGASH PRESIDENT, CEO	**(i)**	289,987	0	0	27,764	1,650	319,401	0
	(ii)	0	0	0	0	0	0	0
2ANNAMARIE BENA VICE PRESIDENT	**(i)**	210,634	0	0	20,147	7,575	238,356	0
	(ii)	0	0	0	0	0	0	0
3XAVIER GRAHAM CFO	**(i)**	173,869	0	0	16,588	19,142	209,599	0
	(ii)	0	0	0	0	0	0	0
4WONY PAK DIRECTOR OF IT	**(i)**	168,676	0	0	16,868	19,115	204,659	0
	(ii)	0	0	0	0	0	0	0
5MARIE OLENYCH DIRECTOR OF PROGRAMS	**(i)**	143,882	0	0	8,729	15,362	167,973	0
	(ii)	0	0	0	0	0	0	0
6MATTHEW HAYWOOD DIRECTOR OF PROGRAMS	**(i)**	136,050	0	0	12,461	19,001	167,512	0
	(ii)	0	0	0	0	0	0	0
7GURSIMRAN GREWEL DIRECTOR OF PROGRAMS	**(i)**	149,309	0	0	5,410	7,256	161,975	0
	(ii)	0	0	0	0	0	0	0
8JULIE PETRIE SENIOR DIRECTOR	**(i)**	129,581	0	0	1,902	19,001	150,484	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

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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		315,893	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 IV, 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 three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
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?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.		

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

Return Reference	Explanation

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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 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

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2021

Open to Public Inspection

Name of the organization
US COMMITTEE FOR REFUGEES AND IMMIGRANTS INC

Employer identification number
13-1878704

Return Reference	Explanation
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. THIS RESEARCH INCLUDED THE PRESIDENT AND VICE PRESIDENT POSITIONS AND CFO.
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.

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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* for instructions and the latest information.**

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Name of the organization
US COMMITTEE FOR REFUGEES AND IMMIGRANTS INC

Employer identification number
13-1878704

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DISCOVERING HOMES LLC 2231 CRYSTAL DRIVE SUITE 350 ARLINGTON, VA 22202	PROVIDES REFUGEE HOUSING	OH	36,950	219,861	US 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	(g) No

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) Disproprtionate 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.

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

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
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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