Form 8879-EO

## IRS e-file Signature Authorization

OMB No. 1545-1878

Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo. Internal Revenue Service Name of exempt organization Employer identification number U.S. COMMITTEE FOR REFUGEES AND 13-1878704 Name and title of officer LEE WILLIAMS, SR VICE PRESIDENT Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b 2a Form 990-EZ check here ▶ b Total revenue, if any (Form 990-EZ, line 9) . . . . . . . . . 2b b Total tax (Form 1120-POL, line 22) . . . . . . . . . . . . 3b 3a Form 1120-POL check here ▶ Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 8868 check here ▶ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only 6 X Lauthorize BDO USA, LLP to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my RIN on the return's disclosure consent screen. Officer's signature Date ▶ 08/07/2018 Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date ▶ 08/07/2018

**ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2016)

#### Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning 10/01, 2016, and ending 09/30, 20 17 C Name of organization U.S. COMMITTEE FOR REFUGEES AND D Employer identification number B Check if applicable: IMMIGRANTS, INC. Address change Doing Business As 13-1878704 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 2231 CRYSTAL DRIVE 350 (703) 310-1130 Initial return City or town, state or province, country, and ZIP or foreign postal code Terminated Amended ARLINGTON, VA 22202-3794 G Gross receipts \$ 83,659,470. Application pending F Name and address of principal officer: H(a) Is this a group return for ESKINDER NEGASH X No Yes SAME AS C ABOVE. H(b) Are all subordinates included? Yes X | 501(c)(3) 501(c) ( If "No," attach a list, (see instructions (insert no.) 4947(a)(1) or 527 Website: ▶ REFUGEES.ORG H(c) Group exemption number Form of organization: X Corporation Association Other > L Year of formation: 1958 M State of legal domicile: Part | Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 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 11. Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 552. 5 6 Total number of volunteers (estimate if necessary) 500. 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a **b** Net unrelated business taxable income from Form 990-T, line 34 . . . . 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 55,313,115. 74,717,855. COPY FOR Program service revenue (Part VIII, line 2g) 3,790,205. 3,588,167 PUBLIC INSPECTION

Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,206.	100,935
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,254.	30,101
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,203,780.	78,437,058
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	41,145,595.	40,681,628
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	(
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,516,917.	14,757,050
SUS(	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	(
Expe	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 329, 149.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,772,028.	22,475,012
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	58,434,540.	77,913,690
	19	Revenue less expenses. Subtract line 18 from line 12	769,240.	523,368
sor			Beginning of Current Year	End of Year
Assets d Balanc	20	Total assets (Part X, line 16)	17,108,143.	17,890,204
		Total liabilities (Part X, line 26)	8,035,850.	7,894,347
SE.	22	Net assets or fund balances. Subtract line 21 from line 20	9,072,293.	9,995,857
Pa	rt II	Signature Block		
Und	der pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules and staten ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer ha	nents, and to the best of my knows any knowledge.	owledge and belief, it is
		1. 0 / -:		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8879-EO** 

# IRS e-file Signature Authorization for an Exempt Organization

016, and ending	09/30	, 20 17	
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OMB No. 1545-1878

	For calendar year 2016, or fiscal year beginning 10/01		, 20 /	୬.୬.୬.୬.୭.୭.୭.୭.୭.୭.୭.୭.୭.୭.୭.୭.୭.୭.୭.୭				
Department of the Treasury Internal Revenue Service  Do not send to the IRS. Keep for your records.  Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.								
Name of exempt organization Employer identii								
U.S. COMMITT	EE FOR REFUGEES AND		13-1878	3704				
Name and title of officer								
	, SR VICE PRESIDENT							
Name and Address of the Address of t	eturn and Return Information (Whole Dollars							
check the box on line leave line 1b, 2b, 3b,	b Total revenue, if any (Form heck here b Total tax (Form 1120-Fick here b Tax based on investment in	hat line for the return being senter -0-). But, if you entered P. Part VIII, column (A), line 12 990-EZ, line 9)	filed with this fo -0- on the return 2) 1b 2b 3b line 5). 4b	rm was blank, then n, then enter -0- on 78437058.				
The state of the s	on and Signature Authorization of Officer jury, I declare that I am an officer of the above org							
are true, correct, and organization's electron to send the organizatio the transmission, (b) th authorize the U.S. Trefinancial institution accreturn, and the financia Agent at 1-888-353-45 involved in the process resolve issues related	ectronic return and accompanying schedules and scomplete. I further declare that the amount in Partic return. I consent to allow my intermediate services in seturn to the IRS and to receive from the IRS (as e reason for any delay in processing the return or asury and its designated Financial Agent to initiate ount indicated in the tax preparation software for pair institution to debit the entry to this account. To reason along the electronic payment of taxes to receive to the payment. I have selected a personal identification applicable, the organization's consent to electronic fapplicable, the organization that the organization is consent to electronic fapplicable, the organization that the organization is consent to electronic fapplicable, the organization that the organization is consent to electronic fapplicable, the organization that the organization is consented to the organization that the organization is consented to the organization that the organization is consented to the organization that the	I I above is the amount shown ce provider, transmitter, or e a) an acknowledgement of re refund, and (c) the date of an e an electronic funds withdray payment of the organization's evoke a payment, I must cor ment (settlement) date. I also confidential information nece fication number (PIN) as my si	n on the copy of the copy of the copy of the copy of the copy refund. If application was federal taxes on the copy of the copy	he originator (ERO) for rejection of icable, I entry to the owed on this resury Financial nancial institutions inquiries and				
Officer's PIN: check o	ne box only	_						
X I authorize BI		to enter my PIN 2	6 2 7 5	as my signature				
	ERO firm name	Ente	er five numbers, but					
being filed with ERO to enter i	ation's tax year 2016 electronically filed return. If I a state agency(ies) regulating charities as part only PIN on the return's disclosure consent screen.  If the organization, I will enter my PIN as my signated within this return that a copy of the return is be	have indicated within this ref f the IRS Fed/State program ture on the organization's tax	, I also authorize x year 2016 elec	the aforementioned stronically filed return.				
	ate program, I will enter my PIN on the return's di							
/	(		0 /07 /001					
Officer's signature	ion and Authentication	Date ▶ (	08/07/2018	3				
/	your six-digit electronic filing identification							
	d by your five-digit self-selected PIN.	5 4	6 2 1 8 do not enter a	1 3 5 3 8 Il zeros				
Indicated above. I conf Information for Authori	numeric entry is my PIN, which is my signature or irm that I am submitting this return in accordance zed IRS <i>e-file</i> Providers for Business Returns.	with the requirements of Pub	o. 4163, Moderni	rganization ized e-File (MeF)				
ERO's signature ▶	u mareno 000	Date ▶ <u>08</u>	1/07/2018					
	ERO Must Retain This Forn	n - See Instructions						
	Do Not Submit This Form To the IRS		So					
For Paperwork Reduc	tion Act Notice, see back of form.			rm <b>8879-EO</b> (2016)				

Form **8879-EO** (2016)

Section 1	m 990 (2016) Page <b>2</b>
P	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III
•	TO PROTECT THE RIGHTS AND ADDRESS THE NEEDS OF PERSONS IN FORCED OR
	VOLUNTARY MIGRATION WORLDWIDE AND SUPPORT THEIR TRANSITION TO A
	DIGNIFIED LIFE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by 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 \$ 35,952,249. including grants of \$ 30,106,646. )(Revenue \$ 145,186. )  REFUGEE SERVICE DIVISION - ASSISTED REFUGEES THROUGH FEDERALLY
	FUNDED PROGRAMS TO RESETTLE IN THE U.S. THROUGH JOB TRAINING,
	LEARNING ENGLISH, OBTAINING CITIZENSHIP, AND ACHIEVING ECONOMIC
	SELF-SUFFICIENCY. ALSO INCLUDE OUR MATCH GRANT, POST RELEASE, ANTI TRAFFICKING, PREFERRED COMMUNITY PROGRAMS
	TRAFFICKING, FREFERRED COMMONITI PROGRAMS
41.	(O-d
40	(Code:) (Expenses \$24,851,983. including grants of \$5,954,903. ) (Revenue \$0. ) DIVISION OF REFUGEE HEALTH SERVICES WAS ESTABLISHED TO SUPPORT AND
	DEVELOP HEALTH AND WELLNESS INITIATIVES AT USCRI. DIVISION
	ACTIVITIES INCLUDE THE ADMINISTRATION OF PROGRAM RELATED TO
	SERVING AS THE MEDICAL REPLACEMENT DESIGNEE IN THE STATES OF TEXAS
	AND MAINE.
4c	(Code: ) (Expenses \$ 2,752,574. including grants of \$ 642,149. ) (Revenue \$ 579,174. )
	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 SOCEITY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 12,985,430. including grants of \$ 3,977,930. ) (Revenue \$ 3,629,522. )
4e JSA	Total program service expenses ▶ 76,542,236.
	020 1.000 Form <b>990</b> (2016)

	990 (2016)		F	age 3
Part	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
•	Part III.	5		X
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	_		v
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		Х
•	complete Schedule D, Part III	8		Λ
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			Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	4.0		X
4.4	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	=610,81	Λ
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.	20:00		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	Х	
h	complete Schedule D, Part VI	11a	Λ	
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	116		Х
_	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11b		21
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
4	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		- 23
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	114		Χ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	72
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	21	
	the organization's Separate of Consolidated Manicial Statements for the tax year include a hostnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	23	
124	Schedule D, Parts XI and XII.	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
	fundraising, business, investment, and program service activities outside the United States, or aggregate		-	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	170		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13	-	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	.0		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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	-	Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		Χ

Very Note   Note   Very Note   Note   Very Note   Note   Very No	_	90 (2016)			Page 4
Did the organization operate one or more hospital facilities // If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Part	IV Checklist of Required Schedules (continued)			
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.    20   10   10   10   10   10   10   10				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic opariment on Part IX, column (A), line 11 If "Yes" complete Schedule (Parts I and I).  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 21 If "Yes" complete Schedule IP Arts I and III.  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, frustees, key employees, and highest compensated employees? If "Yes" complete Schedule D and 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 240 through 24d and complete Schedule K if "No," got line 25a.  24a Did the organization misets any proceeds of 1x-ex-empt bonds beyond a temporary period exception?.  24b Did the organization misets any proceeds of 1x-ex-empt bonds beyond a temporary period exception?.  24c Did the organization misets any proceeds of 1x-ex-empt bonds beyond a temporary period exception?.  24d Did the organization misets any proceeds of 1x-ex-empt bonds beyond a temporary period exception?.  24d Did the organization and as an "no behalf of issuer for bonds outstanding at any time during the year?  24d Did the organization and as an "no behalf of issuer for bonds outstanding at any time during the year?  24d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I.  25d Section 501(12), 501(10), 401 501(12), 501(12), 501 501 501 501 501 501 501 501 501 501	20 a		20a		Х
domestic government on Part IX, column (A), line 17 if "Yes" complete Schedule I, Parts I and II.  21 Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX column (A), line 27 if "Yes," complete Schedule I, Parts I and III.  22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization snawer in Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization was 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 I, Timo," go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.  c Did the organization and so the last of the state of the	b		-		
Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule (. Parts I and II).  22 IX  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.  24 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," enswer lines 24b through 24d and complete Schedule K if "No." go to line 25a.  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  26 Did the organization as as an "on behalf of "issuer for bonds beyond a temporary period exception?.  27 Did the organization as as an "on behalf of "issuer for bonds beyond a temporary period exception?.  28 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? "Thes," complete Schedule L. Part II.  28 Did 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 980–C27 if "Yes," complete Schedule L. Part II.  29 Did the organization are port any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees. or disqualified persons? If "Yes," complete Schedule L. Part III.  29 Did the organization are ported a grant or other assistance to an officer, director, trustee, key employees. assistance to an officer, director and transaction organization and party to a business transaction with one of the f	21				
Part IX, column (A), line 2? If "yes," complete Schedule I, Parts I and III.  2			21	X	
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.  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," got to line 25a.  25b Did the organization misset any proceeds of fax-exempt bonds beyond a temporary period exception?.  26c Did the organization misset any proceeds of fax-exempt bonds beyond a temporary period exception?.  27d Did the organization maintain an escrow account other than a refunding escrow at any time during the year?  27d Did the organization and the secretary of the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  28 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization engage 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 engage 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 organizations prome segon in a prior year, and that the transaction has not been reported on any of the organization froms 900 or 990—E27 25b X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV.  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash co	22				
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If Yes," complete Schedule I. A			22	X	
employees? If "Yes," complete Schedule J. 24a   X   24b   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	23				
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.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.  c Did the organization amintain an excrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year?  24d 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 .  25b 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 in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II .  26b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, strustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II .  27c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV .  28c Was the organization applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trus				37	
\$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.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	0.4		23	X	
through 24d and complete Schedule K. If "No," go to line 25a.  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  Did the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1.  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1.  Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of the very account of the organization sprior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part 1.  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  A family member of a accurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  Did the organization receive contributions of any interest or indirect owner? If "Yes," complete Schedule R, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R, Part IV.  Did the organization receive than \$25,000 in non-cash contributions? If "Yes," complete Schedule R,	24 a				
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	C		24-		
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.  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-E27 If "Yes," complete Schedule L, Part I .  25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III.  26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.  27 X  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M.  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization in guidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M.  20 Did the organization in guidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule R. Part	a				
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			240		
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-E27 If "Yes," complete Schedule L. Part II.  26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons" If "Yes," complete Schedule L. Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons" If "Yes," complete Schedule L, Part II.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  29 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization of receive ortinbutions of a dr., historical treasures, or other similar assets, or qualified conservation contributions? If engage and a family member thereofy and an ortinbutions? If "Yes," complete Schedule M.  29 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part II.  20 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II.  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R. Part II, III, or IV, and Part V, line 1.  31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes	25 a		25.0		y
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	h		25a		21
16 "Yes," complete Schedule L, Part I   25b   X	b				
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II .  26 X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  20 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II .  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, A III			25h	3	x
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disqualified persons? If "Yes," complete Schedule L, Part II					
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entity or family member of any of these persons? If "Yes," complete Schedule L, Part III					
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			27		Х
Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28				
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conservation contributions? If "Yes," complete Schedule M	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  132 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  133 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 II.  133 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.  134 Standard Time III.  135 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  136 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  137 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  138 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, lines 11b and	30	• I I I I I I I I I I I I I I I I I I I			
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complete Schedule N, Part II  32 X  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  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.  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 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  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 X  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, lines 11b and			31		X
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sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00		32		Х
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or IV, and Part V, line 1		AND THE PARTY OF T	33	X	
Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34				37
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controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			35a		X
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	D				
related organization? If "Yes," complete Schedule R, Part V, line 2	20		350		
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	30		26		Y
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		30		
Part VI	31				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			27		X
	38		31		*7
			38	Х	

Form 990 (2016) Page **5** 

A Enter the number reported in Box 3 of Form 1096. Enter-0-if not applicable   1a   74	Par								
1a Enter the number reported in Box 3 of Form 1096. Enter 0-if not applicable		Check if Schedule O contains a response or note to any line in this Part V		Yes	No				
b Enter the number of Forms W-26 included in line 1st Enter-O-find applicable	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return.  2									
reportable gaming (gambling) winnings to prize winners?  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 552 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).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  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)?  5b If "Yes," enter the name of the foreign country b EL SALVADOR See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If "Yes," enter the name of the foreign country b EL SALVADOR See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions should expend to the organization file form 8886-T7.  5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicid any contributions for the very solicitation an express statement that such contributions or grifts were not tax deductible as charinable contributions?  5b If "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible as charinable contributions?  5c If Yes," indicate the number of Forms \$282 filed during the year per per per per per per per per per pe									
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field or the calendary sear ending with or within the year covered by this return. 2a 55.2  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).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a 14 art yit me during the calendary 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 accounts)?  b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  b If all and the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  c if "Yes" to line 5a of 5b, did the organization file Form 8866-T?  b If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  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?  7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 If Did the organization sell, exchange, or otherwise dispose of tangible personal benefit contract?  7 If Did the organization sell, exchange,									
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  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) in a foreign country such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country: ▶ EL SALVADOR  See instructions for filing requirements for FnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5b Usid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c 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 deductibles as charitable contributions?  6c Did the organization that were not tax deductibles as charitable contributions?  6c Did the organization receive a payment in excess of \$75 made partly as a contribution and party for goods and services provided to the payor?  7d Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of Forms 8282? filed during the year.  9d If "Yes," indicate the number of Forms 8282 filed during the year.  1d If Yes, indicate the number of Forms 8282? filed during the year.  1d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		Statements, filed for the calendar year ending with or within the year covered by this return 2a 552	2						
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
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   16   Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.  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)?  5b   17 'Yes," enter the name of the foreign country:		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
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a Is the organization licensed to issue qualified health plans in more than one state?		in too, office the amount of tax exempt interest received of accorded during the year 1111							
Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			42-	28880					
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14a Did the organization receive any payments for indoor tanning services during the tay year?		Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b									

JSA 6E1040 1.000

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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	X	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
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	X	-
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	0.00000	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	D388	17	
а	The governing body?	8a	X	17
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
Coati	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Λ
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	Yes	No
		10a	X	110
	Did the organization have local chapters, branches, or affiliates?	IVa	- 21	_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Χ	
44.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	124		
b	rise to conflicts?	12b	Χ	
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
С	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by	2015	100	
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
STATISTICS.	with a taxable entity during the year?	16a		X
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(0	(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	15/2	ess 65	
	X Own website Another's website X 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 of the conflict of the con	erest	oolicy	, 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 record ESKINDER NEGASH 2231 CRYSTAL DRIVE, SUITE 350 ARLINGTON, VA 22202-3794 703-310-1130	s: <b>▶</b>		

JSA 6E1042 1.000

## 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 instructions for definition of "key employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles	Pos heck ss pe	rson	e than construction is both construction employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						0				
_(1)GENE DEFELICE	1.00									
CHAIR	0.	X		Х				0.	0.	0.
(2)KATHERINE CROST	1.00									
VICE CHAIR	0.	X		Х				0.	0.	0.
(3)LAWRENCE M. ROSENTHAL	1.00									_
TREASURER	0.	X		Х				0.	0.	0.
(4)SCOTT WU	1.00									
SECRETARY	0.	X		Χ				0.	0.	0.
(5)KENNETH BLACKMAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(6)DIANN DAWSON	1.00									
DIRECTOR	0.	X						0.	0.	0.
(7)EARL JOHNSON	1.00				0					
DIRECTOR	0.	X						0.	0.	0.
(8)LILY O'BOYLE	1.00									
DIRECTOR	0.	X						0.	0.	0.
(9) JOHN MONAHAN	1.00									
DIRECTOR	0.	X						0.	0.	0.
(10)WILLIAM SHUEY	1.00									
DIRECTOR	0.	Х		0.1000				0.	0.	0.
(11)SAM UDANI	1.00									
DIRECTOR	0.	X			į			0.	0.	0.
(12) JAMES HATHAWAY	1.00									
DIRECTOR	0.	Х						0.	0.	0.
(13)ESKINDER NEGASH	40.00									
EXECUTIVE SENIOR VP	0.			Χ				231,213.	0.	14,423.
(14)LEE WILLIAMS	40.00									
VICE PRESIDENT, CFO	0.			Χ				228,700.	0.	34,518.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
(A) Name and title	(B) Average hours per week (list any hours for related	box,	Position (do not check more th box, unless person is l officer and a director/			o not check more that bx, unless person is bo ficer and a director/tr			is both or/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation f related organization: (W-2/1099-MI	from	Estim amou oth comper	(F) imated ount of other pensation om the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	inization related nizations			
15) LAVINIA LIMON	40.00							***************************************							
PRESIDENT, CEO	0.			X	_			270,262.		0.		38,558			
16) ALISON SEILER DIRECTOR ADMINISTRATION	40.00	-			Х			165,175.		0.		01 070			
17) SABA BERHANE	40.00				Λ			103,173.		0.		21,872			
DIRECTOR OF PROGRAMS	10.	1				X		137,409.		0.		19,123			
18) STACIE BLAKE	40.00						2000	10,,100.		0.		17/123			
DIRECTOR OF GOVERNMENT RELATIO	0.	1				Х		127,434.		0.		27,969			
19) WONY PAK	40.00											•			
DIRECTOR OF MIS	0.					X		122,650.		0.		27,397			
20) ESSEY WORKIE	40.00														
DIRECTOR OF MRD PROGRAMS	0.					Х		124,849.		0.		0			
21) PETER LIMON	40.00		1												
DIRECTOR OF BUSINESS DEVELOPME	0.					X		143,518.		0.		24,412			
												22-104			
1b Sub-total				0. 21 /			<b></b>	459,913.		0.		48,941.			
c Total from continuation sheets to Part VII, S	ection A .						ightharpoons	1,091,297.		0.		59 <b>,</b> 331.			
d Total (add lines 1b and 1c)								1,551,210.		0.	20	08,272.			
2 Total number of individuals (including but not reportable compensation from the organization	limited to ti	hose I 11		d at	OOVE	e) who	re	ceived more than	\$100,000 of						
Toportable compensation from the organization											T	Yes No			
3 Did the organization list any former office	er directo	r or	tru	ste	e 1	KEV E	mn	lovee or highest	compensate	d	1000	103 110			
employee on line 1a? If "Yes," complete Schedu	ule J for suc	ch indi	ividu	ıal							3	Х			
4 For any individual listed on line 1a, is the															
organization and related organizations gre															
individual											4	X			
5 Did any person listed on line 1a receive or	accrue con	mpens	satio	on f	ron	any	unr	related organization	on or individua	al					
for services rendered to the organization? If "Ye	es," complet	te Sch	edu	le J	for	such	pers	son			5	X			
Section B. Independent Contractors			100												
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>											s tax				
(A) Name and business add	iress							(B) Description of se	rvices	Co	(C)	ation			
ATTACHMENT 2								2 2 2 2							
			- 4				-	*							
6 Table and a district				.,		- 11						G7 process			
2 Total number of independent contractors (in more than \$100,000 in compensation from th				ntec		thos 3	e li	sted above) who	received						

Pa	rt VI				· line in this Bod VII			
		Check if Schedule O co	ontains a respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts tr	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
s, G	c	Fundraising events						
Gift	d	Related organizations	10000					
imi	e	Government grants (contribu		73,176,796.		1		
tior er S	f	All other contributions, gifts,						
ib #		and similar amounts not included		1,541,059.				
ad C	g	Noncash contributions included						
	h				74,717,855.			
ene				Business Code				
Ven	2a	IOM COLLECTION FEES		900099	1,913,761.	1,913,761.		
å	b	INTERPRETATION		900099	1,055,332.	1,055,332.		
vice	c	CHILD CARE SERVICES		900099	217,825.	217,825.		
Sen	d	MEMBER AGENCY DUES		900099	101,700.	101,700.		
E	e	IMMIGRATION SERVICES		900099	256,063.	256,063.	0.120	
Program Service Revenue	f	All other program service rev	/enile		43,486.	43,486.		
Pro	g	Total. Add lines 2a-2f			3,588,167.			
	3		cluding divider					
		and other similar amounts).		STATES AND THE STATE OF THE STATES AND THE STATES A	96,003.			96,003
	4	Income from investment of			0.		1991 1991	
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents	41,145.					
	b	Less: rental expenses	11,044.					
	c	Rental income or (loss)	30,101.					
	d	Net rental income or (loss).			30,101.			30,101
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	5,216,300.					
	b	Less: cost or other basis						
		and sales expenses	5,211,368.					
	c	Gain or (loss)	4,932.					
	d	Net gain or (loss)			4,932.			4,932
-		Gross income from fundra		9				
nue	Va	events (not including \$						
eve		of contributions reported on						
5		See Part IV, line 18		0.				
Other Revenue	b	Less: direct expenses		. 8				
0	c	Net income or (loss) from full			0.			
	9a	Gross income from gaming See Part IV, line 19	activities.	0.				
	b	Less: direct expenses			0.	10.40.7004.000.0000.000.000		MAN DEPOSIT NAMES OF THE PARTY OF
	Secretary.	Gross sales of inventor	12m 10 10 10 10 10 10 10 10 10 10 10 10 10			CALLES SEATE I		
	10a	returns and allowances		0.				
	b	Less: cost of goods sold Net income or (loss) from sal			0.	SEC. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10		
		Miscellaneous Revenue		Business Code	0.			
	44		20					
	11a						· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>
	b		_					
	C	All other reverse						
	d	All other revenue			0.			
	e	Total Add lines 11a-11d		· · · · · · · [	70 427 050	2 500 167		121 026

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### Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 7b, 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	36,160,559.	36,160,559.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,521,069.	4,521,069.				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.					
4	Benefits paid to or for members	0.					
	Compensation of current officers, directors,						
	trustees, and key employees	1,190,612.		1,190,612.			
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.					
7	Other salaries and wages	10,651,325.	8,778,657.	1,690,480.	182,188.		
8	Pension plan accruals and contributions (include						
-	section 401(k) and 403(b) employer contributions)	757,088.	637,977.	106,464.	12,647.		
9	Other employee benefits	1,256,720.	1,059,004.	176,724.	20,992.		
10	Payroll taxes	901,305.	749,088.	137,368.	14,849.		
11							
	Management	0.					
	Legal	0.					
	: Accounting	0.					
	Lobbying	0.					
	Professional fundraising services. See Part IV, line 17.	0.					
	Investment management fees	0.					
ç	Other, (If line 11g amount exceeds 10% of line 25, column						
	(A) amount, list line 11g expenses on Schedule O.). ATCH 3	17,029,855.	16,664,215.	357,594.	8,046.		
12	Advertising and promotion	24,055.	4,895.	18,215.	945.		
13	Office expenses	457,587.	411,859.	30,109.	15,619.		
14	Information technology	171,718.	30,846.	138,664.	2,208.		
15	Royalties	0.					
16	Occupancy	1,385,935.	1,137,044.	217,535.	31,356.		
17	Travel	592,623.	491,066.	97,684.	3,873.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.					
19	Conferences, conventions, and meetings	78,947.	2,466.	75,367.	1,114.		
20	Interest	0.					
21	Payments to affiliates	0.					
22	Depreciation, depletion, and amortization	147,797.	8,769.	139,028.			
23	Insurance	204,823.	176,874.	25,676.	2,273.		
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	PRINTING AND REPRODUCTION	1,425,455.	1,278,260.	132,299.	14,896.		
	BAD DEBT	286,328.	39,575.	246,753.			
	SUBSCRIPTIONS AND REFERENCES	216,171.	77,601.	126,241.	12,329.		
	EQUIP RENTAL & REPAIR	190,239.	144,673.	42,485.	3,081.		
	All other expenses	263,479.	4,167,739.	-3,906,993.	2,733.		
	Total functional expenses. Add lines 1 through 24e	77,913,690.	76,542,236.	1,042,305.	329,149.		
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)	0.					
JSA					Form 990 (2016)		

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ar	t X	Balance Sheet			Page <b>1</b> 1
L.III	GZA	Check if Schedule O contains a response or note to any line in this	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	5,306,165.	1	3,883,189.
	2	Savings and temporary cash investments	186,822.	2	99,917
	3	Pledges and grants receivable, net	4,644,245.	3	7,012,580
	4	Accounts receivable, net	1,397,775.	4	905,922
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0.	5	0
	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		6	0
2	7	organizations (see instructions). Complete Part II of Schedule L		7	0
Assets	7	Notes and loans receivable, net	0.	8	0
۲	8	Inventories for sale or use			370,562
	9	Prepaid expenses and deferred charges	300,113.	9	370,302
	ı u a	Land, buildings, and equipment: cost or			
	101	other basis. Complete Part VI of Schedule D  10a 2,109,173.	1,009,729.	100	902,865
١,		Less: accumulated depreciation	4,064,067.		4,715,169
	11	Investments - publicly traded securities		12	0
	12	Investments - other securities. See Part IV, line 11		13	0
	13	Investments - program-related. See Part IV, line 11		14	0
- 1	14	Intangible assets			0
	15	Other assets. See Part IV, line 11			17,890,204
_	16	Total assets. Add lines 1 through 15 (must equal line 34)		17	1,064,557
- 1	17	Accounts payable and accrued expenses		18	4,871,067
- 1	18 19	Grants payable		19	847,676
		Deferred revenue		20	0
100	20 21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D			0
	22	Loans and other payables to current and former officers, directors,	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	21	
<u> </u>	22	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0.	22	0
<u>ا</u> ۾	23	Secured mortgages and notes payable to unrelated third parties		23	0
- 100	23 24	Unsecured notes and loans payable to unrelated third parties			0
23	24 25	Other liabilities (including federal income tax, payables to related third		24	
1	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,081,524.	25	1,111,047
	26	Total liabilities. Add lines 17 through 25		26	7,894,347
T	20	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		20	
릴 .	27		8,572,293.	27	9,818,986.
1 2	28	Unrestricted net assets Temporarily restricted net assets	500,000.	28	176,871
2 /	29	Permanently restricted net assets	0.	29	0
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.		23	
S.	30	Capital stock or trust principal, or current funds	1 - 1 - 7 - 1 - 1   1 - 1   1 - 1   1   1   1   1	30	
2	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS.	32	Retained earnings, endowment, accumulated income, or other funds		32	
[ [	33	Total net assets or fund balances		33	9,995,857.
∍ ' '					

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

#### **Public Charity Status and Public Support**

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

IMMIGRANTS, INC.

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.

Open to Public Inspection

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Name of the organization

U.S. COMMITTEE FOR REFUGEES AND

Employer identification

Employer identification number 13-1878704

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplete	this pa	rt.) See instructions		
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, che	eck only	one box.)		
1		A church, convention of chi	urches, or associa	tion of churches desc	ribed in <b>s</b> e	ection 1	70(b)(1)(A)(i).		
2		A school described in secti	ed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	in section	170(b)	(1)(A)(iii).		
4		A medical research organiz	zation operated in	conjunction with a hos	spital des	cribed in	section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	tate:		•				
5		An organization operated	for the benefit of	a college or universit	y owned	or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go		rnmental unit describe	d in <b>secti</b>	on 170(	b)(1)(A)(v).		
7	X	An organization that norma				FORES BRE BUS		m the general public	
		described in section 170(b)	and the state of t			J		· ·	
8		A community trust describe			Part II.)				
9	$\Box$	An agricultural research org				perated	in conjunction with a	land-grant college	
		or university or a non-land-							
		university:	grant comogo or ag	incarare (eee menue			idirio, ony, and otate of	ino comego or	
10		An organization that norma	Ilv receives: (1) m	ore than 331/3 % of its	support	from co	ntributions membersh	in fees, and gross	
. •	ш	receipts from activities rela	ted to its exempt f	unctions - subject to	certain ex	ception:	s, and (2) no more tha	n 331/3 % of its	
		support from gross investmacquired by the organizatio	nent income and up	nrelated business tax	able inco	me (less	s section 511 tax) from	businesses	
11	П	An organization organized							
12	Н	An organization organized						arry out the nurnoses	
-	لــــا	of one or more publicly su							
		Check the box in lines 12a t							
_		Type I. A supporting orga					50 000 E4 . SWI & 0 9 FG		
а	_								
		the supported organization				ijority or	the directors of truste	es of the	
<b>L</b>		supporting organization.				with ita	aumorted ergenization	an(a) by baying	
b	_	☐ Type II. A supporting org							
		control or management of		•	the same	person	s that control or man	age the supported	
	Г	organization(s). You must			4			to take and keep outs	
С	_	_ Type III functionally integ						iy integrated with,	
		its supported organization							
d		☐ Type III non-functionally			5				
		that is not functionally inte	7					an attentiveness	
		requirement (see instruct						C <b>T</b>	
е		Check this box if the orga						i, Type III	
£	E n	functionally integrated, or ter the number of supported				-			
								• • • • • • • • • • • • • • • • • • • •	
9		ovide the following information	I		flux to the co		(v) Amount of monetary	(vi) Amount of	
	(1) 141	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the or		support (see	(vi) Amount of other support (see	
				above (see instructions))	docum		instructions)	instructions)	
					Yes	No			
(A)						- 1			
(B)									
525									
(C)									
(D)									
(0)									

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

Schedule A (Form 990 or 990-EZ) 2016

(E)

Total

Schedule A (Form 990 or 990-EZ) 2016 Page 2 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 II

	Part III. If the organization fai	ls to qualify u	nder the tests I	isted below, p	lease complete	e Part III.)			
Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35,676,146.	41,556,131.	47,549,052.	55,313,115.	74,717,855.	254,812,299.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.		
4	Total. Add lines 1 through 3	35,676,146.	41,556,131.	47,549,052.	55,313,115.	74,717,855.	254,812,299.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.		
6	Public support. Subtract line 5 from line 4.						254,812,299.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
7	Amounts from line 4	35,676,146.	41,556,131.	47,549,052.	55,313,115.	74,717,855.	254,812,299.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	115,688.	103,205.	136,795.	114,939.	137,148.	607,775.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . A TCH. 1	25,345.	33,586.	11,658.	16,844.		87,433.		
11	Total support. Add lines 7 through 10						255,507,507.		
12	Gross receipts from related activities, etc. (s	see instructions)			L	12	17,449,171.		
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax year	as a section	501(c)(3) ▶		
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2016 (li					14	99.73%		
15	Public support percentage from 2015					15	99.69%		
16a	331/3% support test - 2016. If the o								
	this box and <b>stop here.</b> The organization								
b	331/3% support test - 2015. If the o								
	check this box and stop here. The orga								
17a	10%-facts-and-circumstances test - 2								
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
-	organization								
b	10%-facts-and-circumstances test - 2	TOTAL TOTAL STATE OF THE STATE							
	15 is 10% or more, and if the orga								
	Explain in Part VI how the organization								
18	supported organization	did not check a	a box on line 13,	16a, 16b, 17a,	or 17b, check t	his box and see			
	instructions								
					Sc	hedule A (Form 9:	90 or 990-EZ) 2016		

Schedule A (Form 990 or 990-EZ) 2016

Page 3

#### 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.)

1 Giss greats contributions and membership fees received. (Do not include any "unusual grants.") 2 Gisss receipts from admissions, merchandles soil or services performed, or facilities furnished in yar puthby that is released to the organization's tax-exempt purpose. 3 Gioss receipts from admissions that she not an unreleaded 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. 7 The value of services or facilities furnished by a governmental unit to the organization without charge. 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons. 8 Amounts included on lines 2, and 3 received from disqualified persons. 9 Amounts finalled on lines 1, 2, and 3 received from disqualified persons. 9 Public support. (Subtract line 7c from line 6). 9 Amounts from line 6. 9 Unrelated business taxable income (less section 5.11 taxes) from businesses section 5.11 taxes) from businesses section 1. 1 Net income from unrelated business stregolity countries to include din line 10b, organization from the business is regularly countries. 1 Total support. (Add lines 9, 10c, 11, and 12). 1 Net income Do not include gain or loss from the sale of capital assets (Explain in Part VI). 1 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 5.01(c)(3) organization, check this box and stop here.  1 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). 1 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 5.01(c)(c) organization, check this box and stop here.  2 Public support percentage for 2016 (line	Sec	tion A. Public Support						
received. (De not included any "unusual grants.")  2. Gross receipts from admitisors, merchanduse sold or services performed, or facilities furnished in any activity that is related to the organization's benefit and either paid to ore spended on its behalf.  3. Gross receipts from admitisors benefit and either paid to ore spended on its behalf.  4. Tax reverues levived for the organization's benefit and either paid to ore spended on its behalf.  5. The value of services or facilities furnished by a governmental unit to the organization without charge.  6. Total. Add inse 1 through 5	Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
2 Gioss receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.  3 Gioss receipts from admissions that are not an unrelated trade or business under socion 513.  4 Tax revenues fevice of for the organization's benefit and either paid to or expended on its behalf	1	Gifts, grants, contributions, and membership fees						
social or services performed, or facilities furnished in any activity that is related to the organization star-exempt purpose		received. (Do not include any "unusual grants.")	100000000					
turnisted in any activity that is related to the organization's tax-exempt purpose	2	Gross receipts from admissions, merchandise						
organization's tax-esempt purpose		sold or services performed, or facilities						
3 Gioss receipts from activities that am not an untrelated 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, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2 and 3 received from disqualified persons b Amounts included on lines 1, 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 and 70  8 Public support. (Subtract line 7 or from line 6)  10a Gross income from interest, dividends, payments received on securities loans, rests, royalties and income from similar sources acquired after June 30, 1975  b Unrelated business taxable income less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10 and 10 b  11 Not income from unrelated business scabilities on in line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  13 Total support. (Add lines 9, 10c, 11, and 12)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  5 Public support percentage from 2015 Schedule A, Part III, line 15  15 Public support percentage from 2015 Schedule A, Part III, line 17  16 Investment income percentage from 2015 Schedule A, Part III, line 17  17 Investment income percentage from 2015 Schedule A, Part III, line 17  18 Investment income percentage from 2015 Schedule A, Part III, line 17  18 Investment income percentage from 2015 Schedule A		furnished in any activity that is related to the						
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		organization's tax-exempt purpose						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	3	Gross receipts from activities that are not an						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		unrelated trade or business under section 513				_		
to or expended on its behalf	4							
5 The value of services or facilities furnished by a governmental unit to the organization without charge		organization's benefit and either paid						
5 The value of services or facilities furnished by a governmental unit to the organization without charge		to or expended on its behalf						
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received from disqualified persons		5907 XXX 34 109 10 10 10 10						
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		A DESCRIPTION OF THE PROPERTY						
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	b							
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  (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support process of the first five years. If the Form 990 is for the organization, check this box and stop here.  Section C. Computation of Investment Income Percentage  17 Investment income percentage for 2016 (line 8, column (f) divided by line 13, column (f)).  18 Section D. Computation of Investment Income Percentage  19 Amounts from line 6,  (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support Percentage  (b) 2016 (f) Total Support (a) 2016 (line 8, column (f) divided by line 13, column (f)).  19 Amounts from line 6,  (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Support Percentage  (b) 2016 (f) Total Support (a) 2016 (line 8, column (f) divided by line 13, column (f)).  10 All Part VI.)  11 Net income from unrelated business activities of the organization (f) divided by line 13, column (f)).  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for 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 2016 (line 10c, column (f) divided by line 13, column (f))  16 Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))  19 All lines first first first first first first first fir								
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8 Public support. (Subtract line 7c from line 6.)		THE CONTROL OF COURSE SHOULD S						
Section B. Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 6  10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section \$01(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).  16 Public support percentage from 2015 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2015 Schedule A, Part III, line 17  18 Investment income percentage from 2015 Schedule A, Part III, line 17  18 Investment income percentage from 2015 Schedule A, Part III, line 17  18 Investment income percentage from 2015 Schedule A, Part III, line 17  18 Investment income percentage from 2015 Schedule A, Part III, line 17  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19 3 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization percentage for 2016 organization of the check the box on line 2016 organization organization percentage for 2016 organization of the check the box on line 2016 organization organization percentage for 2016 organization of the check the box on line 2016 organiza		\$100000 00000 00000 00000 00000 00000 0000						
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Calendar year (or fiscal year beginning in)  Amounts from line 6,	Sec		0.000				1	
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 in line 10b, whether or not the business is regularly carried on.  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  13 Total support. (Add lines 9, 10c, 11, and 12.).  14 First five years. If the Form 990 is for 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 2016 (line 8, column (f) divided by line 13, column (f)).  16 Public support percentage from 2015 Schedule A, Part III, line 15.  17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)).  18 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)).  19 a 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line  17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization			(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  c Add lines 10a and 10b		Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
acquired after June 30, 1975	b							
acquired after June 30, 1975		, , , , , , , , , , , , , , , , , , , ,						
c Add lines 10a and 10b					-			
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loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First five years. If the Form 990 is for 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 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2015 Schedule A, Part III, line 17  18 Investment income percentage from 2015 Schedule A, Part III, line 17  19a 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization		STATE OF THE STATE						
(Explain in Part VI.)	12			-	-	_		
Total support. (Add lines 9, 10c, 11, and 12.)		PROBLEM PROBLEM NEWSFILL STREET, STREE			-	-		
and 12.)	13	The state of the s						
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organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).  16 Public support percentage from 2015 Schedule A, Part III, line 15.  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2016 (line 10c, column (f) divided by line 13, column (f)).  18 Investment income percentage from 2015 Schedule A, Part III, line 17.  19 a 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	14		r the organiza	tion's first soon	ad third fourth	or fifth toy ye	l an a sostion	E01/a\/3\
Section C. Computation of Public Support Percentage  15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	1.4							
Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2015 Schedule A, Part III, line 15	Sect							
16 Public support percentage from 2015 Schedule A, Part III, line 15	700			<u> </u>	nn (f))		15	%
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17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))							10	/0
18 Investment income percentage from 2015 Schedule A, Part III, line 17					3 column (f))		17	%
19a 331/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								<del>%</del>
17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
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b 33 113 to 3 support tests - 2013. In the organization did not check a box on line 14 or line 198, and line 16 is more than 331/3 %, and	h		1.7					
line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization	D							. [
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20							

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Schedule A (Form 990 or 990-EZ) 2016

Yes No

#### Part IV Supporting

**Supporting Organizations** 

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

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

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Schedule A (Form 990 or 990-EZ) 2016

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Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1991
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
	Did the secondarian manifests and of the commented annualizations by the leat day of the 66th manth of the		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	- 24		
	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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.			
	,,	3		
Secti	on 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 ins	tructi	ons).	
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? 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 in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? 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		

Schedule A (Form 990 or 990-EZ) 2016

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explai	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Section	ns A through E.
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year	
		(A) I flot Teal	(optional)
1 Net short-term capital gain	1	202	
2 Recoveries of prior-year distributions	2		2.29
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		TENANTES MISSISSIPPE THE STATE
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):			
a Average monthly value of securities	1a	CONTRACTOR STATES	
b Average monthly cash balances	1b	31 - 88532	
c Fair market value of other non-exempt-use assets	1c	W WELLEN	200 - 000 =
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 1-1/2% 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 .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	715 <u>-3 20 30 - 32 - 32 - 32 - 32 - 32 - 32 -</u>	
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-functionall		ted Type III supporting	organization (see
instructions).	,g.u	7k ookko.m.6	, gaa (000

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Part V

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
	ion D - Distributions	,, ,	, ,	Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets	occ of capported organi		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
·	(provide details in Part VI). See instructions.	the organization is reop	0110140	
9	Distributable amount for 2016 from Section C, line 6	H 100 MH 200		
10	Line 8 amount divided by Line 9 amount			
	End o amount divided by Emo o amount		/ii\	/iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.		SUA STANTAGE MESSAGE EVALUE IN	
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years		18 100 1 100	
h	Applied to 2016 distributable amount			and the second state of th
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from			
	Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			100.00
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h	17.7		
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carry over to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			
-	2,0000 HOIII 2010		Schadula	A (Form 990 or 990-EZ) 2016

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

					ATTACHMENT	1
SCHEDULE A, PART II	- OTHER INCOM	Ε			\$ <del></del>	
DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MISCELLANEOUS	25,345.	33,586.	11,658.	16,844.		87,433.
TOTALS	25,345.	33,586.	11,658.	16,844.		87,433.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

U.S. COMMITTEE FOR REFUGEES AND

#### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2016

Employer identification number

IMMIGRANTS, INC.	13-1878704					
Organization type (check one	):					
Filers of:	Section:					
Form 990 or 990-EZ	X = 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Note: Only a section 501(c)(7 instructions.	covered by the <b>General Rule</b> or a <b>Special Rule.</b> (), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See					
General Rule						
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or property) from any one contributor. Complete Parts I and II. See instructions for determining a ontributions.					
Special Rules						
regulations under se 13, 16a, or 16b, and \$5,000 or (2) 2% of	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line d that received from any one contributor, during the year, total contributions of the greater of (1) f the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
contributor, during to contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, contributions exclusively for religious, charitable, etc., purposes, but no such dimore than \$1,000. If this box is checked, enter here the total contributions that were received an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the est to this organization because it received nonexclusively religious, charitable, etc., contributions more during the year					
990-EZ, or 990-PF), but it <b>mus</b>	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, st answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its o certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization U.S. COMMITTEE FOR REFUGEES AND

Employer identification number 13-1878704

Part I	Contributors (See instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number 13-1878704

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 4 Employer identification number Name of organization U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC. 13-1878704 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

## Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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.

<ul> <li>Section 527 organizations: Co</li> </ul>	omplete Part I-A only.			
	s," on Form 990, Part IV, line 4, or Form			
, , , , = =	ns that have filed Form 5768 (election up	20일 (Part - 1987) (Part Part) (Part Part Part Part Part Part Part Part		
	ns that have NOT filed Form 5768 (elect s," on Form 990, Part IV, line 5 (Proxy			
Tax) (see separate instructions), the		Tax) (see separate i	instructions) of Form 550-	-2, 1 art v, inte 500 (1 10x)
<ul> <li>Section 501(c)(4), (5), or (6) or</li> </ul>	organizations: Complete Part III.			
Name of organization U.S. CO	MMITTEE FOR REFUGEES AND		Employer ide	ntification number
IMMIGRANTS, INC.			13-187	8704
Part I-A Complete if the	organization is exempt under	section 501(c) or	is a section 527 orgai	nization.
1 Provide a description of the	ne organization's direct and indirect	political campaign a	ctivities in Part IV. (see i	nstructions for definition
of "political campaign acti	vities")			
2 Political campaign activity	expenditures (see instructions)		▶ \$	
3 Volunteer hours for politic	al campaign activities (see instructio	ns)		
Part I-B Complete if the	organization is exempt under	section 501(c)(3).		
	excise tax incurred by the organization			
	excise tax incurred by organization m			
3 If the organization incurre	d a section 4955 tax, did it file Form	4720 for this year?		. Yes No
4a Was a correction made?				Yes No
<b>b</b> If "Yes," describe in Part IV				4400A-17-E-17-E-17-E-17-E-17-E-17-E-17-E-17-
Part I-C Complete if the	e organization is exempt under	section 501(c), e	xcept section 501(c)(3	).
1 Enter the amount directly	expended by the filing organization	n for section 527 e	xempt function	
2 Enter the amount of the f	iling organization's funds contribute	d to other organizat	ions for section	
	vities			
3 Total exempt function ex	openditures. Add lines 1 and 2. Er	nter here and on F	orm 1120-POL,	
4 Did the filing organization	file Form 1120-POL for this year? .			Yes No
	es and employer identification numb			
	ents. For each organization listed, er ontributions received that were pron			
	fund or a political action committee (			
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(a) Name	(b) Address	(6) [111	filing organization's	contributions received and
			funds. If none, enter -0	promptly and directly
				delivered to a separate
				political organization. If none, enter -0
				Horie, criter 5 .
(1)				
(2)				
(3)				
(4)		_		
(5)				
(5)		-		
(6)				
\~/		1	I .	I .

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

Schedule C (Form 990 or 990-EZ) 2016

Schedule C (1 offil 330 of 330-LZ) 2010	o.o. committee	I OI ( I LIII O OLILO			i age
section 501(h)).				filed Form 5768 (elec	
A Check ▶ if the filing organ name, address, E	nization belongs to IN, expenses, and	an affiliated group share of excess lo	(and list in Pa obying expend	rt IV each affiliated gro itures).	oup member's
B Check ▶ if the filing organ	nization checked be	ox A and "limited c	ontrol" provisio	ons apply.	
	on Lobbying Expendi			(a) Filing	(b) Affiliated
(The term "expenditu	ures" means amount	s paid or incurred.)		organization's totals	group totals
1a Total lobbying expenditures to in					
b Total lobbying expenditures to in	_				
c Total lobbying expenditures (ad-	d lines 1a and 1b)				<u></u>
d Other exempt purpose expendit			are there exists you can be a	77,913,690.	
e Total exempt purpose expenditures (add lines 1c and 1d)				77,913,690.	
f Lobbying nontaxable amount.	Enter the amount fr	om the following to	able in both	1 000 000	
columns.				1,000,000.	
If the amount on line 1e, column (a			·		
Not over \$500,000		mount on line 1e.			
Over \$500,000 but not over \$1,000		s 15% of the excess o			
Over \$1,000,000 but not over \$1,50		s 10% of the excess o			
Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plu \$1,000,000.	s 5% of the excess ov	er \$1,500,000.		
Over \$17,000,000		250,000.			
	g Grassroots nontaxable amount (enter 25% of line 1f)				
				0.	0.
i Subtract line 1f from line 1c. If z					0.
j If there is an amount other th					Yes No
reporting section 4911 tax for the		iging Period Under			Tes No
(Some organizations that				te all of the five column	ns helow
(Some organizations that		instructions for lir			is below.
	occ the separate	instructions for in	ics za tili ougii i	-1.,	
	Lobbying Expend	ditures During 4-Yea	r Averaging Per	riod	
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,00	0. 1,000,000.	4,000,000.
<b>b</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.	250,00	0. 250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots Johnving expenditures					

Schedule C (Form 990 or 990-EZ) 2016

Are serious on lines 1a through 1i below, provide in Part IV a detailed of the lobbying activity.  It the year, did the filing organization attempt to influence foreign, national, state or local on, including any attempt to influence public opinion on a legislative matter or dum, through the use of:  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)? It divertisements?  If or management (include compensation in expenses reported on lines 1c through 1i)?  If or management (include compensation in expenses reported on lines 1c through 1i)?  If or management (include compensation in expenses reported on lines 1c through 1i)?  If or management		sectio		bunt	
on, including any attempt to influence public opinion on a legislative matter or dum, through the use of: ers?  Iff or management (include compensation in expenses reported on lines 1c through 1i)?. Idvertisements? Is to members, legislators, or the public? Is too, or published or broadcast statements? In oother organizations for lobbying purposes? In oother organizations for lobbying purposes? In other organizations, their staffs, government officials, or a legislative body? Indemonstrations, seminars, conventions, speeches, lectures, or any similar means? In organization in line 1 cause the organization to be not described in section 501(c)(3)? In enter the amount of any tax incurred under section 4912 In organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		sectio	n		
ff or management (include compensation in expenses reported on lines 1c through 1i)?. Indivertisements? It is to members, legislators, or the public? It is is to members, legislators, or the public? It is to other organizations for lobbying purposes? It is to other organizations, their staffs, government officials, or a legislative body? It is to a legislators body? It is to a legislative body. It is to a leg		sectio	n		
divertisements?		sectio	n		
s to members, legislators, or the public?  stions, or published or broadcast statements?  o other organizations for lobbying purposes?  ontact with legislators, their staffs, government officials, or a legislative body?  demonstrations, seminars, conventions, speeches, lectures, or any similar means?  do lines 1c through 1i  activities?  do lines 1c through 1i  activities in line 1 cause the organization to be not described in section 501(c)(3)?  enter the amount of any tax incurred under section 4912  enter the amount of any tax incurred by organization managers under section 4912  ng organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)  501(c)(6).		sectio	n		
coother organizations for lobbying purposes?		sectio	n		
o other organizations for lobbying purposes?		sectio	n		
demonstrations, seminars, conventions, speeches, lectures, or any similar means?  ctivities?  dd lines 1c through 1i  activities in line 1 cause the organization to be not described in section 501(c)(3)?  enter the amount of any tax incurred under section 4912  enter the amount of any tax incurred by organization managers under section 4912  ng organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)  501(c)(6).		sectio	n		
ctivities?  dd lines 1c through 1i		sectio	n		
activities in line 1 cause the organization to be not described in section 501(c)(3)? enter the amount of any tax incurred under section 4912		sectio	n		
activities in line 1 cause the organization to be not described in section 501(c)(3)? enter the amount of any tax incurred under section 4912 enter the amount of any tax incurred by organization managers under section 4912 ng organization incurred a section 4912 tax, did it file Form 4720 for this year?		sectio	n		
enter the amount of any tax incurred under section 4912		sectio	n		
enter the amount of any tax incurred by organization managers under section 4912 ng organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		sectio	n		
ng organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		sectio	n		
501(c)(6).  sibstantially all (90% or more) dues received nondeductible by members?		sectio	n		
ubstantially all (90% or more) dues received nondeductible by members?					
				Yes	N
organization make only in-house lobbying expenditures of \$2,000 or less?			1		
organization agree to carry over lobbying and political campaign activity expenditures from Complete if the organization is exempt under section 501(c)(4), section 501(c)					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Ol answered "Yes."				3, is	
sessments and similar amounts from members		1			
	s of				
		2a			
		-			
tical expenditure next year?		4			
amount of lobbying and political expenditures (see instructions)		5			
	roup list	t); Part	II-A, I	ines 1	а
	seessments and similar amounts from members  162(e) nondeductible lobbying and political expenditures (do not include amounts expenses for which the section 527(f) tax was paid).  year	sessments and similar amounts from members  162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).  year	ssessments and similar amounts from members	ssessments and similar amounts from members	sessments and similar amounts from members  162(e) nondeductible lobbying and political expenditures (do not include amounts of expenses for which the section 527(f) tax was paid).  year

Schedule C (Form 990 or 990-EZ) 2016

Page 4

Part IV Supplemental Information (continued)

#### SCHEDULE D (Form 990)

#### 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

U.S. COMMITTEE FOR REFUGEES AND

IMMIGRANTS, INC. 13-1878704 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . . . . . . 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . . Aggregate value at end of year...... 4 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? . . . . . . . . . 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 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register........... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (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: (ii) Assets included in Form 990, Part X......▶ \$\_ 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 SFAS 116 (ASC 958) relating to these items:  Schedule D (Form 990) 2016

Pai	t 🛮 Organizations Maintaini	ng Collections of	Art, Historica	I Treasures,	or Other Simi	lar Asse	ts (cont		d)
3	Using the organization's acquisition	on, accession, and	other records, cl	neck any of the	following that	are a sign	ificant u	se of	its
	collection items (check all that app	oly):							
а	Public exhibition		d Lo	an or exchange	programs				
b	Scholarly research		e Ot	her					
C	Preservation for future gene								
4	Provide a description of the orga	nization's collections	s and explain ho	w they further	the organization	n's exempt	purpose	e in F	Part
	XIII.								
5	During the year, did the organization					_		_	
	assets to be sold to raise funds rath		ained as part of t	he organization	's collection?		Yes		No
Pai	Complete if the organiza 990, Part X, line 21.		s" on Form 990	, Part IV, line	9, or reported a	n amount	on For	m	
1a	Is the organization an agent, truste	ee, custodian or oth	er intermediary fo	or contributions	or other assets n	ot		0 3	
	included on Form 990, Part X?					[	Yes		No
b	If "Yes," explain the arrangement i								
					1	Amount	3		
С	Beginning balance			1c					
d	Additions during the year								
е	Distributions during the year			1e					
f	Ending balance			1f					
2a						, _	Yes		No
b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explana	tion has been pr	ovided on Part XI	II			
Par	tV Endowment Funds.								
·	Complete if the organizat								
		(a) Current year	(b) Prior year	(c) Two year	rs back (d) Three	years back	(e) Four	ears b	ack
1 a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains,					34			
	and losses								
d	Grants or scholarships							-	
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage		end balance (line	1g, column (a))	held as:				
а	Board designated or quasi-endown		_%						
b	Permanent endowment								
C	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, a								
3 a	Are there endowment funds not in	the possession of the	ne organization th	nat are held and	d administered for	r the			
	organization by:							es	No
	(i) unrelated organizations						3a(i)	_	
	(ii) related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the relate						3b		
4	Describe in Part XIII the intended u		tion's endowmen	t funds.				2002 0_	
Par	Land, Buildings, and Equ Complete if the organiza	ι <b>ρmenτ.</b> tion answered "Ye	s" on Form 990	) Part IV line	11a See Form	990 Par	X line	10	
	Description of property	(a) Cost or		ost or other basis	(c) Accumulated		) Book valu		
	Last	(inves	tment)	(other)	depreciation			0 0 5	- 0
1a	Land	102 N N N N N N N N		109,850.	E30 101			9,85	
b	Buildings			974,512.	570,194.			4,31	
C	Leasehold improvements			409,866.	202,661.			7,20	
d	Equipment			495,517.	324,339.			1,17	
e T-4-	Other		- 000 P. ()/	119,428.	109,114.			0,31	
ı ota	I. Add lines 1a through 1e. (Column	(a) must equal Form	n 990, Part X, col	umn (B), line 10	c.) ▶		90	2,86	55.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016

Part VII	Investments - Other Securities.	"Vee" on Form 000	Part IV line 11h See Form 000 Part V line 12
			, 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) Financia	al derivatives		
(2) Closely-	-held equity interests		
(3) Other_			
(A)		N - 1	
(B)			
(C)			
(D)		a value of the second of the s	
(E)		1 July 1	
(F)			
(G)			
(H)			
	n (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)		1000	
(9)			
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	"Voc" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Des		(b) Book value
/4\	(a) Des	Сприоп	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	umn (h) must oqual Form 000 Port V col (P) lin	20.15.)	
Part X	umn (b) must equal Form 990, Part X, col. (B) lin	ie 15.)	
raitA		"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	e
	al income taxes		
	LIABILITY	435,6	509.
	RRED RENT	675,4	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
· ,	on (h) must equal Form 990, Part X, col. (R) line 25.)	1,111,0	147.

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

Schedule D (Form 990) 2016

D	20	16	. 4

Part	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.	
1	Total revenue, gains, and other support per audited financial statements	1	78,848,298.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	411,240.
3	Subtract line 2e from line 1	3	78,437,058.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	.	
C	Add lines 4a and 4b	4c	78,437,058.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 rn	70,437,036.
1 CIIC	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	77,924,734.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	_	11 044
е	Add lines 2a through 2d	2e	11,044. 77,913,690.
3	Subtract line 2e from line 1	3	11,913,690.
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  Other (Describe in Part XIII.)		
b	Other (Describe in Fart Air.)	4c	
С 5	Add lines 4a and 4b	5	77,913,690.
	XIII Supplemental Information.		
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
- 2		• •	
		-	

#### Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE UNDER FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, USCRI MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED ON EXAMINATION. USCRI DOES NOT BELIEVE THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT SHOULD BE RECORDED. FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE STATEMENTS OF ACTIVITIES. USCRI IS STILL OPEN TO EXAMINATION BY TAXING AUTHORITIES FROM FISCAL YEAR 2014 FORWARD.

FORM 990, SCHEDULE D, PART XI, LINE 2D RENTAL EXPENSES \$11,044

FORM 990, SCHEDULE D, PART XII, LINE 2D RENTAL EXPENSES \$11,044

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

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

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

U.S. COMMITTEE FOR REFUGEES AND

Employer identification number

	IGRANTS, INC.				13-18787	04
Part	General Information o Form 990, Part IV, line 14		Outside the U	nited States. Complete i	f the organization answer	ed "Yes" on
1	For grantmakers. Does the orga	nization mainta	in records to s	substantiate the amount of	fits grants and other	
	assistance, the grantees' eligibili	ty for the grant	ts or assistance	e, and the selection criteri	a used to award the	
	grants or assistance?				[	Yes No
2	For grantmakers. Describe in	Part V the org	ganization's p	rocedures for monitoring	the use of its grants a	and other
	assistance outside the United Sta	ates.				
3	Activities per Region. (The follow	vina Bort I lino	2 table can be	duplicated if additional an	vaca is paoded \	
<u> </u>	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the	(e) If activity listed in (d) is	(f) Total
	(a) Negati	offices in the region	employees, agents, and independent contractors in the region	region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	a program service, describe specific type of	expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	2.	3.	PROGRAM SERVICES	SEE PART V	183,529.
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)			_			
(9)						
(10)						
(11)						
(12)			io interesto			
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total	2.	3.			183,529.
b	Total from continuation		8			
(0.0)	abouts to Doub!					

Totals (add lines 3a and 3b)

183,529.

Schedule F (Form 990) 2016

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance (g) Amount of noncash assistance Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant (c) Region (b) IRS code section and EIN (if applicable) (a) Name of organization Part II (11) (13) (12) (14) (16) (10) (15) Ξ (2) 3 4 2 (9) 5 (8) 6

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.

Enter total number of other organizations or entities.

Schedule F (Form 990) 2016

Page 3 Schedule F (Form 990) 2016

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.

	art in car pe aupircated it additional space is needed.	antolial space is liceaca.						
	(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)								
(9)								
(7)								
(8)				200	=			
(6)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(11)								
(18)								
							Sche	Schedule F (Form 990) 2016

-			
P	an	A	4

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

Schedule F (Form 990) 2016

### Part V Supplem

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

SCHEDULE F, PART I, LINE 3:

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

JOB TRAINING - PROVIDE JOB TRANING AND SOCIAL SERVICES.

SCHEDULE F, PART I, LINE 3:

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

EXPENDITURES ARE REPORTED IN ACCORDANCE WITH GAAP.

# SCHEDULE (Form 990)

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 Open to Public Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

▶ Attach to Form 990.

Employer identification number 13-1878704

General Information on Grants and Assistance	
and	
Grants	
uo u	
Information	
General	
Part	

IMMIGRANTS, INC

Name of the organization

U.S. COMMITTEE FOR REFUGEES AND

- å X 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?
  - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRIC							
555 WALNUT ST, ABILENE, TX, TX 79601	17-5600044	ABILENE CITY	227,439.				AGENCY PAYMENTS
(2) AMERICAN CIVIC ASSOCIATION							
131 FRONT STREET BINGHAMTON, NY 13905	15-0539034	501(C)(3)	45,650.				AGENCY PAYMENTS
(3) ASIAN ASSOC. OF UTAH							
1588 S. MAJOR ST. SALT LAKE CITY, UT 84115	87-0333555	501(C)(3)	20,509.				AGENCY PAYMENTS
(4) ASIAN PACIFIC ISLANDER CHAYA							
PO BOX 14047 SEATTLE, WA 98114	91-1674016	501(C)(3)	24,853.				AGENCY PAYMENTS
(5) AYUDA							
1707 KALORAMA RD. NW WASHINGTON, DC 20009	52-0971440	501(C)(3)	514,436.				AGENCY PAYMENTS
(6) BETHANY CHRISTIAN SERVICES							
1050 36TH ST., SE GRAND RAPIDS, MI 49508	38-2822017	501(C)(3)	17,112.				AGENCY PAYMENTS
(7) BEXAR COUNTY HOSPITAL DISTRICT							
4502 MEDICAL DR SAN ANTONIO, TX 78229	74-6002164	BEXAR COUNTY	598,769.				AGENCY PAYMENTS
(8) BILATERAL SAFETY CORRIDOR							
241 NATIONAL CITY BLVD.	55-0806460	501(C)(3)	18,517.				AGENCY PAYMENTS
(9) CAMBA INC.						i.	
1720 CHURCH AVE, 2ND FL BROOKLYN, NY 11226	11-2480339	501(C)(3)	568,250.				AGENCY PAYMENTS
(10) CATHERINE MCAULEY CENTER							
866 4TH AVE. SE CEDAR RAPIDS, IA 52403	42-1342872	501(C)(3)	151,600.				AGENCY PAYMENTS
(11) CENTRAL MN SEXUAL ASSAULT CENTER							
15 RIVERSIDE DR., NE ST. CLOUD, MN 56304	41-1490431	501(C)(3)	125,438.				AGENCY PAYMENTS
(12) CHILDREN'S BUREAU							
1910 MAGNOLIA AVE. LOS ANGELES, CA 90007	95-1690975	501(C)(3)	315,153.				AGENCY PAYMENTS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	organizations lis	sted in the line 1 tak	ole			
3 Enter total number of other organizations listed in the		1 table			line 1 table		

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

JSA 6E1288 1.000

# SCHEDULE I

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

No

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. U.S. COMMITTEE FOR REFUGEES AND

▶ Attach to Form 990.

X 13-1878704 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part | General Information on Grants and Assistance IMMIGRANTS, INC.

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. Part II

(1) CITY OF AMARILLO 509 SE SEVENTH AVENUE AMARILLO, TX 79105 75-6000444 (2) CITY OF AUSTIN 301 W ZND ST. AUSTIN, TX 78701 74-6000085 (3) CLEVELAND RAPE CRISIS CENTER 1228 EUCLID AVE, STE 200 51-0164315			cash assistance	other)	noncash assistance	or assistance
10, TX 79105 75-600044 01 74-600088						
01 74-600008:	AMARILLO CITY	226,910.				AGENCY PAYMENTS
74-600008						
51-016431	AUSTIN CITY	1,020,713.				AGENCY PAYMENTS
51-016431						
	501(C)(3)	6,440.				AGENCY PAYMENTS
(4) COALITION TO ABOLISH SLAVERY & TRAFFICKING						
5042 WILSHIRE BLVD. STE 586	501(C)(3)	67,341.				AGENCY PAYMENTS
(5) COLLEGE OF SOUTHERN IDAHO						
1526 HIGHLAND AVE. E. TWIN FALLS, ID 83301 86-0120506	501(C)(3)	658,640.				AGENCY PAYMENTS
(6) COMPREHENSIVE HEALTH-ASPEN YAKIMA						
P.O. BOX 959 YAKIMA, WA 98907	501(C)(3)	6,072.				AGENCY PAYMENTS
(7) COVENANT HOUSE						
1559 JOHNSON RD. NW ATLANTA, GA 30318 13-2725416	501(C)(3)	375,432.				AGENCY PAYMENTS
(8) CRIME VICTIM SERVICES						
330 N. ELIZABETH ST, 2ND FL LIMA, OH 45801 34-1437473	501(C)(3)	10,138.				AGENCY PAYMENTS
(9) DALLAS COUNTY						
1201 ELM STREET, 23RD FLOO DALLAS, TX 75270 75-6000905	501(C)(3)	1,353,676.				AGENCY PAYMENTS
(10) DAMAYAN MIGRANT WORKER'S ASSOCIATION, INC.						
406 WEST 40TH, 3RD FLOOR NEW YORK, NY 10018 03-0481206	501(C)(3)	181,895.				AGENCY PAYMENTS
(11) FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMIS						
1290 MARAIPOSA MALL, STE 300	501(C)(3)	68,277.				AGENCY PAYMENTS
(12) HARRIS COUNTY						
1001 PRESTON HOUSTON, TX 77002 76-0454514	501(C)(3)	1,927,845.				AGENCY PAYMENTS

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

JSA 6E1288 1.000

## SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 Open to Public ection

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2	E	
	Employer identification num	5-1878704
	Employer i	13-18

Part 1 General Information on Grants and Assistance

U.S. COMMITTEE FOR REFUGEES AND

IMMIGRANTS, INC.

Name of the organization

Š × 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	<ul><li>(f) Method of valuation (book, FMV, appraisal, other)</li></ul>	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HEALING PLACE SERVE							
19202 HIGHLAND RD. BATON ROUGE, LA 70809	27-3369951	501(C)(3)	20,474.				AGENCY PAYMENTS
(2) HEARTLAND ALLLIANCE FOR HUMAN							
208 S. LASALLE ST, STE 1818	36-4053244	501(C)(3)	1,205,325.				AGENCY PAYMENTS
(3) IDEALS FOR FAMILIES AND COMMUNITIES							
306 WEST MAIN ST #507 FRANKFORT, KY 40601	46-1195905	501(C)(3)	13,600.				AGENCY PAYMENTS
(4) IMMIGRATION COUNSELING SERVICE							
519 S.W. PARK AVE. STE 610	93-0696480	501(C)(3)	137,075.				AGENCY PAYMENTS
(5) INTERFAITH-RISE							
19 S. 2ND AVE. HIGHLAND PARK, NJ 08904	94-3152098	501(C)(3)	62,250.				AGENCY PAYMENTS
(6) INTERNATIONAL INSTITUTE OF AKRON							
207 EAST TALLMADGE AVENUE AKRON, OH 44310	34-0733161	501(C)(3)	1,356,764.				AGENCY PAYMENTS
(7) INTERNATIONAL INSTITUTE OF BUFFALO							
864 DELAWARE AVENUE BUFFALO, NY 14209	16-0743052	501(C)(3)	748,187.				AGENCY PAYMENTS
(8) INTERNATIONAL INSTITUTE OF CONNECTICUT							
670 CLINION AVENUE BRIDGEPORI, CT 06605	06-0669118	501(C)(3)	371,585.				AGENCY PAYMENTS
(9) INTERNATIONAL INSTITUTE OF LOS ANGELES							
3845 SELIG PLACE LOS ANGELES, CA 90031	95-1641446	501(C)(3)	1,805,885.				AGENCY PAYMENTS
(10) INTERNATIONAL INSTITUTE OF METROPOLITAN DET							
111 E. KIRBY DETROIT+D45, MI 48202	38-1358200	501(C)(3)	20,156.				AGENCY PAYMENTS
(11) INTERNATIONAL INSTITUTE OF MINNESOTA							
1694 COMO AVENUE ST. PAUL, MN 55108	41-0693912	501(C)(3)	1,202,767.				AGENCY PAYMENTS
(12) INTERNATIONAL INSTITUTE OF NEW ENGLAND							
ONE MILK STREET # 4 BOSTON, MA 02109	04-2104325	501(C)(3)	1,413,451.		,		AGENCY PAYMENTS

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

JSA 6E1288 1.000

43

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part | General Information on Grants and Assistance

IMMIGRANTS, INC.

Name of the organization

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

▶ Attach to Form 990. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 Open to Public 2016 Inspection

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. U.S. COMMITTEE FOR REFUGEES AND

Employer identification number 13-1878704 No

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) INTERNATIONAL INSTITUTE OF RHODE ISLAND							
645 ELMWOOD AVENUE PROVIDENCE, RI 02907	05-0258886	501(C)(3)	502,501.				AGENCY PAYMENTS
(2) INTERNATIONAL INSTITUTE OF ST. LOUIS							
3654 S. GRAND BLVD. ST. LOUIS, MO 63118	91-1674016	501(C)(3)	2,145,895.				AGENCY PAYMENTS
(3) INTERNATIONAL INSTITUTE OF WISCONSIN							
1110 N. OLD WORLD 3RD ST STE 402	39-0806350	501(C)(3)	636,500.				AGENCY PAYMENTS
(4) INTERNATIONAL RESCUE COMMITTEE - OAKLAND							
440 GRAND AVE., STE. 500 OAKLAND, CA 94610	13-5660870	501(C)(3)	132,723.				AGENCY PAYMENTS
(5) JEWISH FAMILY SERVICES - LA							
3330 WEST ESPLANADE AVE. STE 600	72-0851575	501(C)(3)	250,642.				AGENCY PAYMENTS
(6) JEWISH VOCATIONAL SERVICE							
1608 BALTIMORE AVENUE KANSAS CITY, MO 64108	44-0545994	501(C)(3)	1,581,084.				AGENCY PAYMENTS
(7) KARIDAT SOCIAL SERVICES							
P.O. BOX 500745 SAIPAN, MP 96950	58-1502697	501(C)(3)	392,170.				AGENCY PAYMENTS
(8) KOREAN AMERICAN FAMILY SERVICES							
3727 W. 6TH ST, #320 LOS ANGELES, CA 90020	95-3899329	501(C)(3)	9,871.		8		AGENCY PAYMENTS
(9) LA MAESTRA COMMUNITY HEALTH CENTERS							
4060 FAIRMOUNT AVE. SAN DIEGO, CA 92105	33-0473171	501(C)(3)	201,425.				AGENCY PAYMENTS
(10) LAO FAMILY COMM DEVELOPMENT			2220				
2325 E 12TH ST. OAKLAND, CA 94601	94-3115164	501(C)(3)	585,150.				AGENCY PAYMENTS
(11) LUTHERAN FAMILY SERVICES OF NEBRASKA							
1941 S. 42ND ST., STE. 402 OMAHA, NE 68105	84-0775550	501(C)(3)	18,394.				AGENCY PAYMENTS
(12) MARY'S CENTER FOR MATERNAL AND CHILDCARE IN							
2333 ONTARIO RD. N.W. WASHINGTON, DC 20009	52-1594116	501(C)(3)	546,417.				AGENCY PAYMENTS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	overnment c	organizations lis	ted in the line 1 tab				
3 Enter total number of other organizations listed in the		1 table			line 1 table		

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

## SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

U.S. COMMITTEE FOR REFUGEES AND

Part 1 General Information on Grants and Assistance

IMMIGRANTS, INC.

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047 Open to Public Inspection

▶ Attach to Form 990.

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Employer identification number 13-1878704 8 N

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cords t	ward the grants or	d
oes the organization maintain rec	selection criteria used to award the gra	escribe in Part IV the organization's
oes the org	ne selection	escribe in F

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. Part II

MINIMAN WENTER AND SENIOR SERVICES		(iii appilicable)	grant	cash assistance	other)	noncash assistance	or assistance
HIDDENNO HEADIN AND SENIOR SENVICES							
3303 W ILLINOIS AVENUE MIDLAND, TX 79703	75-6000608	501(C)(3)	32,642.				AGENCY PAYMENTS
(2) MY SISTER'S HOUSE							
3053 FREEPORT BLVD, #120	68-0464114	501(C)(3)	26,711.				AGENCY PAYMENTS
(3) MY SISTER'S PLACE							
1 WATER ST, 3RD FL WHITE PLAINS, NY 10601	52-1263256	501(C)(3)	12,999.				AGENCY PAYMENTS
(4) NATIONALITIES SERVICE CENTER							
1216 ARCH ST 4TH FL PHILADELPHIA, PA 19107	23-1352336	501(C)(3)	1,578,748.			330	AGENCY PAYMENTS
(5) NEW YORK ASIAN WOMEN'S CENTER	20 20						
32 BROADWAY, 10TH FLOOR NEW YORK, NY 10004	13-3286250	501(C)(3)	107,204.				AGENCY PAYMENTS
(6) NORTHERN AREA MULTI SERVICE CENTER							
209 THIRTEENTH STREET PITTSBURGH, PA 15215	23-7139992	501(C)(3)	644,181.				AGENCY PAYMENTS
(7) NORTHERN NEVADA INTERNATIONAL CENTER							
821 NORTH CENTER ST. RENO, NV 89501	94-2796785	501(C)(3)	132,800.				AGENCY PAYMENTS
(8) NORTHERN VA FAMILY SERVICES MULTICULTURAL H							
10455 WHITE GRANITE DR. STE 100	54-0791977	501(C)(3)	23,838.				AGENCY PAYMENTS
(9) OPENING DOORS							
2118 K ST. SACRAMENTO, CA 95816	37-1417129	501(C)(3)	189,921.				AGENCY PAYMENTS
(10) PACIFIC GATEWAY CENTER							
83 NORTH KING STREET HONOLULU, HI 96817	99-0236204	501(C)(3)	12,225.				AGENCY PAYMENTS
(11) PILIPINO WORKER'S CENTER							
7500 US HWY 90 WEST SAN ANTONIO, TX 78227	77-0439301	501(C)(3)	221,607.				AGENCY PAYMENTS
(12) RAICES							
1305 N. FLORES ST. SAN ANTONIO, TX 78212	74-2436920	501(C)(3)	182,875.				AGENCY PAYMENTS

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

Schedule I (Form 990) (2016)

45

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service IMMIGRANTS, INC.

Name of the organization

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

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

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Inspection

OMB No. 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. U.S. COMMITTEE FOR REFUGEES AND

Employer identification number 13-1878704

Information on Grants and Assistanc	General Information on Grants and As
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- å X 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?
  - 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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. Part II

or government	(_)	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	(g) Description of noncash assistance	(n) Purpose of grant or assistance
(1) REFUGEE SERVICES OF TEXAS							
12025 SHILOH RD. STE 240 DALLAS, TX 75228	75-1618251	501(C)(3)	34,428.				AGENCY PAYMENTS
(2) REFUGEE WOMEN ALLIANCE							
4008 MARIIN LUTHER KING JR. WAY SOUTH	91-1296964	501(C)(3)	25,279.				AGENCY PAYMENTS
(3) RESTORE NY							
4008 MARTIN LUTHER KING JR. WAY SOUTH	20-2390142	501(C)(3)	128,558.				AGENCY PAYMENTS
(4) SAFE HORIZON							
50 COURT STREET BROOKLYN, NY 11201	13-2946970	501(C)(3)	29,980.				AGENCY PAYMENTS
(5) SANCTUARY FOR FAMILIES, INC.							
P.O. BOX WALL ST STATION NEW YORK, NY 10268	13-3193119	501(C)(3)	200,928.				AGENCY PAYMENTS
(6) SOJOURNER HOUSE							
386 SMITH STREET PROVIDENCE, RI 02908	39-1276210	501(C)(3)	33,204.				AGENCY PAYMENTS
(7) SOUTHWEST CRISIS CENTER							
P.O. BOX 111 WORTHINGTON, MN 56187	41-1807048	501(C)(3)	5,571.				AGENCY PAYMENTS
(8) TAHIRIH JUSTICE CENTER							
6402 ARLINGTON BLVD. STE 300	54-1858176	501(C)(3)	54,454.				AGENCY PAYMENTS
(9) TARRANT COUNTY							
100 E. WEATHERFORD FORT WORTH, TX 76196	75-6001170	501(C)(3)	953,618.				AGENCY PAYMENTS
(10) THAI COMMUNITY DEVELOPMENT CENTER (THAI CDC							
6376 YUCCA ST. STE B LOS ANGELES, CA 90028	95-4531770	501(C)(3)	30,683.				AGENCY PAYMENTS
(11) THE GRAY HAVEN PROJECT							
P.O. BOX 172 RICHMOND, VA 23218	27-3385507	501(C)(3)	10,141.				AGENCY PAYMENTS
(12) THE SALVATION ARMY - COLUMBUS							
966 EAST MAIN STREET COLUMBUS, OH 43205	75-1743499	501(C)(3)	51,849.				AGENCY PAYMENTS

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JSA 6E1288 1.000

# SCHEDULE (Form 990)

IMMIGRANTS, INC.

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection

OMB No. 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990. U.S. COMMITTEE FOR REFUGEES AND

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Employer identification	13-1878704

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1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part | General Information on Grants and Assistance

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. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE SALVATION ARMY- ANTI-TRAFFICKING SVCS.							
1515 W. NORTH STREET ANAHEIM, CA 92801	94-1156347	501(C)(3)	26,152.				AGENCY PAYMENTS
(2) WESTERN KENTUCKY REFUGEE MAA							
806 KENTON ST BOWLING GREEN, KY 42101	61-0994341	501(C)(3)	1,092,425.				AGENCY PAYMENTS
(3) WOMEN'S CENTER FOR ADVANCEMENT							
222 SOUTH 29TH STREET OMAHA, NE 68131	27-3205476	501(C)(3)	9,042.				AGENCY PAYMENTS
(4) WORKER'S JUSTICE CENTER OF NY, INC.							
1187 CULVER ROAD ROCHESTER, NY 14609	16-1155130	501(C)(3)	12,046.				AGENCY PAYMENTS
(5) YMCA INTERNATIONAL SERVICES							
6300 WEST PARK, SUITE 600 HOUSTON, TX 77057	74-1109737	501(C)(3)	3,583,054.				AGENCY PAYMENTS
(6) YOUTH CO-OP, INC.							
3525 NORTHWEST 7TH STREET MIAMI, FL 33125	23-7320351	501(C)(3)	2,775,451.				AGENCY PAYMENTS
(7)							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government		rganizations lis	organizations listed in the line 1 table	ole			78.
3 Enter total number of other organizations listed in the lin	ted in the line	1 table	le 1 table			<b>A</b>	
				***************************************			

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

JSA 6E1288 1.000

Schedule I (Form 990) (2016)

Page 2

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. Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RECEPTION & PLACEMENT	2,419.	2,720,816.			
2 MATCH GRANT	1,121.	1,233,100.			
3 REFUGEES FAMILY STRENGHTENING	611.	45,528.			
4 WILSON FISH	105.	168,930.			
5 OTHER PROGRAM GRANIS	225.	352,695.			
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	line 2, Part III, c	column (b); and any of	her additional

FORM 990, SCHEDULE I, PART I, LINE 2

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

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

MAKES SURE THEY ARE IN COMPLIANCE WITH THE PROGRAM REQUIREMENTS.

PART II COLUMN (A):

BILATERAL SAFETY CORRIDOR

241 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950

Schedule I (Form 990) (2016)

Page 2

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. Part III

		2010				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation rec	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

CLEVELAND RAPE CRISIS CENTER

1228 EUCLID AVE, STE 200 CLEVELAND, OH 44114

COALITION TO ABOLISH SLAVERY & TRAFFICKING

CA 90036 5042 WILSHIRE BLVD., SUITE 586 LOS ANGELES,

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

1290 MARAIPOSA MALL, STE. 300 FRESNO, CA 93721

13-1878704

Page 2

U.S. COMMITTEE FOR REFUGEES AND

Schedule I (Form 990) (2016)

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.

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	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation rec	quired in Part I, I	ine 2, Part III, o	olumn (b); and any o	ther additional

HEARTLAND ALLLIANCE FOR HUMAN

208 S. LASALLE STREET, STE. 1818 CHICAGO, IL 60604

IMMIGRATION COUNSELING SERVICE

SUTIE 610 PORTLAND, OR 97240 PARK AVE. 519 S.W.

INTERNATIONAL INSTITUTE OF WISCONSIN

1110 N. OLD WORLD 3RD STREET SUITE 402 MILWAUKEE, WI 53203

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Page 2

Schedule I (Form 990) (2016)

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. Part III

JEWISH FAMILY SERVICES - LA

3330 WEST ESPLANADE AVE., SUITE 600 METAIRIE, LA 70002

MY SISTER'S HOUSE

3053 FREEPORT BLVD, #120 SACRAMENTO, CA 95818

NORTHERN VA FAMILY SERVICES MULTICULTURAL HUM SVC.

10455 WHITE GRANITE DR., SUITE 100 OAKTON, VA 22124

Page 2

Part III

Schedule I (Form 990) (2016)

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.

	- 1- · · · · · · · · · · · · · · · · · ·					
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	information re	quired in Part I, I	line 2, Part III, c	olumn (b); and any o	ther additional

REFUGEE WOMEN ALLIANCE

4008 MARTIN LUTHER KING JR. WAY SOUTH SEATTLE, WA 98108

RESTORE NY

4008 MARTIN LUTHER KING JR. WAY SOUTH SEATTLE, WA 98108

TAHIRIH JUSTICE CENTER

6402 ARLINGTON BLVD., SUITE 300 FALLS CHURCH, VA 22042

### **SCHEDULE J** (Form 990)

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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

**Open to Public** Inspection

Name of the organization IMMIGRANTS, INC.

Department of the Treasury Internal Revenue Service

U.S. COMMITTEE FOR REFUGEES AND

Employer identification number 13-1878704

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			1.17
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
•	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			1665
	directors, trustees, and 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  X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		
	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	100000000000000000000000000000000000000		
20	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
-	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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

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

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

individual.

ESKINDER NEGASH	13. 00. 00. 00. 00. 00. 00. 00. 00. 00.	(iii) Other reportable compensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(c) retirement and other deferred compensation 14,423. 0. 22,819. 0. 16,484. 13,725. 12,736. 12,736. 12,736.	(b) Nontaxable benefits  0. 0. 0. 11,699. 5,388. 5,388.	(E) I otal of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
ESKINDER NEGASH (II) 231,21  LEE WILLIAMS (II) 228,70  LIEE WILLIAMS (III) 228,70  ALISON SEILER (IIII)  SABA BERHANE (IIIII)  STACIE BLAKE (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			14,423. 0. 22,819. 0. 16,484. 13,725. 13,725. 12,736.	1,69	200 310	
Color   Colo		000000000000000000000000000000000000000	22,819. 0. 16,484. 13,725. 12,736.	5,38	243,636.	0.
LEE WILLIAMS (I) ALISEN SEILER (II) ALISON SEILER (III) SABA BERHANE (IIII) SABA BERHANE (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		000000000000	22,819. 16,484. 0. 13,725. 12,736. 12,165.	5, 5,	0	0
ALISON SEILER (0) 165,177  JIRECTOR ADMINISTRATION (0) 137,400  SABA BERHANE (0) 137,400  STACIE BLAKE (0) 127,43  SITACIE BLAKE (0) 122,65  SITACIE BLAKE (0) 122,65  SITACIE BLAKE (0) 122,65  SITACIE BLAKE (0) 123,51  SITACIE BLAKE (0) 143,51  SITACIE BLAKE (0) 143,51  SITACIE BLAKE (0) (0) 143		00000000000	2 3		263,218.	0
ALISON SEILER  ALISON SEILER  ON  SABA BERHANE  ON  STACIE BLAKE  WONY PAK  WONY PAK  CAVINIA LIMON  ON  PETER LIMON  ON  PETER LIMON  ON  PETER LIMON  ON  ON  ON  ON  ON  ON  ON  ON  ON		0000000000	2 3 3	1   1	0	0.
SABA BERHANE  SABA BERHANE  (I)  137,40  DIRECTOR OF PROGRAMS  (II)  STACIE BLAKE  (II)  STACIE BLAKE  (II)  STACIE BLAKE  (II)  MONY PAK  CAVINIA LIMON  (II)  DIRECTOR OF BUSINESS DEVELOPME  (III)  (IIII  (IIIIIIIIIIIIIIIIIIIIII		00000000	2, 2, 3,	-	187,047.	0.
SABA BERHANE OIRECTOR OF PROGRAMS (II) STACIE BLAKE OIRECTOR OF GOVERNMENT RELATIO (II) MONY PAK OIRECTOR OF MIS (III) CLAVINIA LIMON OIRECTOR OF BUSINESS DEVELOPME (III) OIRECTOR OF BUSINESS DEVELOPME (IIII) (IIIIIIIIIIIIIIIIIIIIIIIIIIIIII		000000	2, 2,	-	0.	0
STACIE BLAKE  (I)  STACIE BLAKE  (II)  OIRECTOR OF GOVERNMENT RELATIO  (II)  MONY PAK  OIRECTOR OF MIS  (II)  PRESIDENT, CEO  (II)  OIRECTOR OF BUSINESS DEVELOPME  (II)  (II)  (II)  (II)  (III)  (III)  (III)  (III)  (IIII)  (IIII)  (IIII)  (IIIIIIII		00000	2 2		156,522.	0.
STACIE BLAKE  OIRECTOR OF GOVERNMENT RELATIO  WONY PAK  OIRECTOR OF MIS  (I)  LAVINIA LIMON  OPERSIDENT, CEO  (II)  DIRECTOR OF BUSINESS DEVELOPME (II)  (II)  (II)  (II)  (III)  (III)  (III)  (III)  (III)  (III)  (III)  (III)  (IIII)  (IIII)  (IIII)  (IIII)  (IIIII)  (IIIII)  (IIIIIIII		00000	2 2	0	0	0.
MONY PAK  WONY PAK  WONY PAK  ON PERCTOR OF MIS  (I)  TAVINIA LIMON  (I)  PETER LIMON  (I)  ON PETER LIMON  (II)  (II)  (II)  (II)  (II)  (II)  (III)  (III)  (III)  (III)  (III)  (III)  (IIII)  (IIII)  (IIII)  (IIII)  (IIII)  (IIII)  (IIIII)  (IIIII)  (IIIIIIII		0000	2,16	15,233.	155,403.	0.
MONY PAK  WONY PAK  WONY PAK  (II)  LAVINIA LIMON (II)  PETER LIMON (III)  (III)  (IIII  (IIIIIIIIIIIIIIII		000	2,1	0	0	0
LAVINIA LIMON (0)  PETER LIMON (0)  PETER LIMON (0)  OIRECTOR OF BUSINESS DEVELOPME (1)  (1)  (1)  (1)  (1)  (1)  (1)  (1)		000		15,232.	150,047.	0.
LAVINIA LIMON (I) PRESIDENT, CEO (II) OIRECTOR OF BUSINESS DEVELOPME (II) (II) (II) (II) (II) (III) (III) (III) (III) (IIII) (IIII) (IIIIIIII		C	0	0	0	0.
PETER LIMON  OIRECTOR OF BUSINESS DEVELOPME  (I)  (II)  (II)  (II)  (II)  (III)  (III)  (III)  (III)  (III)  (III)  (III)  (III)		.0	26,405.	12,153.	308,820.	0
DIRECTOR OF BUSINESS DEVELOPME (II)  (II)  (II)  (II)  (III)		0	0	.0	0.	0.
OIRECTOR OF BUSINESS DEVELOPME (f)	18.	0.	14,339.	10,073.	167,930.	0
	.0	0.	0	·o	0	0
(1)						
13 (ii)						
(0)						
14 (ii)						
(i)						
15 (ii)						
(1)						
16 (ii)						

JSA

Schedule J (Form 990) 2016

Page 3

# Schedule J (Form 990) 2016 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.

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

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

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

U.S. COMMITTEE FOR REFUGEES AND

13-1878704

Employer identification number

IMMIGRANTS, INC.

LIFE

FORM 990, PART I, LINE 1 TO PROTECT THE RIGHTS AND ADDRESS THE NEEDS OF PERSONS IN FORCED OR VOLUNTARY MIGRATION WORLDWIDE AND SUPPORT THEIR TRANSITION TO A DIGNIFIED

FORM 990, PART III, LINE 4D

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

EXPENSES \$ 2,230,327, GRANTS \$ 552,794, REVENUE \$ 260,177.

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

EXPENSES \$ 2,369,506, GRANTS \$ 713,693, REVENUE \$ 458,315.

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

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

AMERICAN LIFE.

EXPENSES \$ 1,814,132, GRANTS \$ 814,680, REVENUE \$ NONE.

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

EXPENSES \$ 2,059,065, GRANTS \$ 688,224, REVENUE \$ NONE.

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

EXPENSES \$ 2,155,273, GRANTS \$ 747,508, REVENUE \$ NONE.

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

EXPENSES \$ 1,865,486, GRANTS \$ 461,031, REVENUE \$ 231,554.

Employer identification number IMMIGRANTS, INC. 13-1878704

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

EXPENSES \$ 480,597, GRANTS \$ NONE, REVENUE \$ 1,913,761.

FORM 990, PART VI, LINE 1A

DELEGATED AUTHORITY OF GOVERNING BODY

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

FORM 990, PART VI, LINE 2

FAMILY/BUSINESS RELATIONSHIPS

LAWRENCE ROSENTHAL AND KENNETH BLACKMAN - FAMILY RELATIONSHIP. LAVINIA LIMON AND PETER LIMON - FAMILY RELATIONSHIP. (NO SUPERVISORY CONNECTION.) Name of the organization U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

Employer identification number 13-1878704

FORM 990, PART VI, LINE 6

MEMBERS/STOCKHOLDER RIGHTS

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

FORM 990, PART VI, LINE 7A

OTHER MEMBERS RIGHTS

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

FORM 990, PART VI, LINE 8B

DOCUMENTATION OF MEETINGS

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

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

THE ORGANIZATION'S ACCOUNTING FIRM PREPARES THE IRS FORM 990 USING THE AUDITED A-133 FINANCIAL STATEMENTS. ALL INFORMATION NOT IN THE FINANCIAL STATEMENTS IS PROVIDED BY USCRI'S COMPTROLLER. THE ACCOUNTING FIRM SENDS THE PREPARED FORM 990 TO THE CFO & COMPTROLLER FOR REVIEW. THE FINAL COPY IS SIGNED BY THE VICE PRESIDENT & CFO. THE FINISHED COPY OF THE 990 IS PROVIDED TO THE BOARD MEMBERS.

FORM 990, PART VI, LINE 12C

CONFLICTS OF INTEREST

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

Employer identification number 13-1878704

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

FORM 990, PART VI, LINE 15A

DETERMINING COMPENSATION

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

FORM 990, PART VI, LINE 19

AVAILABILITY OF OTHER DOCUMENTS

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

FORM 990, PART XII, LINE 2C

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

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

ATTACHMENT 1

### FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

Name of the organization	U.S.	COMMITTEE FOR RE	FUGEES	AND	Employer identification number
IMMIGRANTS, INC.	EX				13-1878704
					ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
EDUCATIONAL EVALUATORS 6 PINE HILL CT DOVER, NJ 07801	CONSULTANT SERVICE	386,710.
ALLEGIANCE STRATEGIES, LLC 1775 PENNSYLVANIA WASHINGTON, DC 20006	STRATEGIC PARTNER	155,000.
UNIFIED ADMINISTRATOR 9900 COVINGTON CROSS DR LAS VEGAS, NV 89144	CLAIMS ADMINISTRATOR	15,754,793.

### ATTACHMENT 3

### FORM 990, PART IX - OTHER FEES

FORM 990, PART IX - OTHER FEES				
DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
OTHER SERVICES	888,352.	522,712.	357,594.	8,046.
CLAIMS ADMINISTRATOR	15,754,793.	15,754,793.		
CONSULTANT SERVICE	386,710.	386,710.		
TOTALS	17,029,855.	16,664,215.	357,594.	8,046.

13-1878704

# SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990.

U.S. COMMITTEE FOR REFUGEES AND

IMMIGRANTS, INC. Name of the organization Department of the Treasury Internal Revenue Service

OMB No. 1545-0047 2016

13-1878704

Open to Public **Employer identification number** Inspection

PART VII (f)
Direct controlling
entity 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. SEE 307,386. (e) End-of-year assets 30,101. (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) HO SEE PART VII (b) Primary activity 22202 VA (a) Name, address, and EIN (if applicable) of disregarded entity ARLINGTON, (1) DISCOVERING HOMES, LLC 2231 CRYSTAL DRIVE, SUITE 350 DISCOVERING HOMES, LLC Part I Part II (2) 3 4 (2) 9

(g) Section 512(b)(13) controlled ŝ entity? Yes (f) Direct controlling entity Public charity status (if section 501(c)(3)) (e) (d) Exempt Code section Legal domicile (state or foreign country) Û Primary activity (a) Name, address, and EIN of related organization  $\widehat{\Xi}$ (2) (3) 4 (2) 5 9

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

6E1307 1.000

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

(h) (i)
Percentage Section
ownership controlled entity? Page 2 Yes No (k) Percentage ownership (J) General or managing partner? 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. Yes No 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. (g) Share of end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionate allocations? Yes No (g) Share of end-of-year assets Type of entity (C corp. S corp. or trust) (f) Share of total income (d)
Direct controlling
entity (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile state or foreign country) (b) Primary activity (d)
Direct controlling | (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b) Primary activity (a) Name, address, and EIN of related organization JSA 6E1308 1.000 Part III Part IV Ξ (2) 3 4 (2) 9 5 (2) (2) 6  $\Xi$ 3 (4) (9)

Schedule R (Form 990) 2016

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Ye	Yes No
	related organizations lis	sted in Parts II-IV?		
			1a	
	• • • • • • • • • • • • • • • • • • • •		1b	
			10	
d Loans or loan guarantees to or for related organization(s)				-
e Loans or loan guarantees by related organization(s)				-
f Dividends from related organization(s),			#	1
g Sale of assets to related organization(s)				-
h Purchase of assets from related organization(s)			S	-
i Exchange of assets with related organization(s)			= ; : : :	-
i Lease of facilities, equipment, or other assets to related organization(s).			:	+
יייי יייי יייי יייי פאליייי פאריי			11	
k lease of familiae annimment or other accete from valuted association(2)				
			÷	-
m Derformance of control of the cont			=	-
Sharing of facilities agriced and internating of facilities and an international antinternati			<b>1</b>	
			1n	
o sharing of paid employees with related organization(s)				
b. Reimbursement paid to related organization(s) for expenses				
d Reimbursement haid by related organization(s) for someone				-
			19	
r Other transfer of cash or property to related organization(s)			+	
s Other transfer of cash or property from related organization(s).			:	-
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.	his line, including cove	red relationships and tran	saction thresholds.	
(a)	(q)	(c)	(Đ	
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	ning d
(1)				
(2)				
(3)				
(4)				
(5)				
(9)				
JSA 6E1309 1.000		os .	Schedule R (Form 990) 2016	) 2016

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

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

(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	(e) Are all partners section 501(c)(3) organizations?	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
(1)			sections 512-514)	Yes			Yes	o N		Yes	8	
(2)												
(3)												
(4)												
(5)												
(9)												
(7)												
(8)												
(6)												
(10)												
(11)											+	
(12)											_	
(13)											+-	
(14)											-	
(15)												
(16)											-	
JSA 6E1310 1.000									Sche	Schedule R (Form 990) 2016	-orm 99	10) 2016

Schedule R (Form 990) 2016

Page 5

### Part VII Supplemental Information

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

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

PROVIDES REFUGEE HOUSING

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

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

INC.