

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning 10/01, 2016, and ending 09/30, 2017

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

2016

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

U.S. COMMITTEE FOR REFUGEES AND

Employer identification number

13-1878704

Name and title of officer

LEE WILLIAMS, SR VICE PRESIDENT

Part I 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 ▶ **b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . 1b** 78437058.
- 2a Form 990-EZ check here ▶ **b Total revenue, if any (Form 990-EZ, line 9) 2b** _____
- 3a Form 1120-POL check here ▶ **b Total tax (Form 1120-POL, line 22) 3b** _____
- 4a Form 990-PF check here ▶ **b Tax based on investment income (Form 990-PF, Part VI, line 5), 4b** _____
- 5a Form 8868 check here ▶ **b Balance Due (Form 8868, line 3c) 5b** _____

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

I authorize BDO USA, LLP to enter my PIN

2	6	2	7	5
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 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 PIN on the return's disclosure consent screen.

Officer's signature ▶ 

Date ▶ 08/07/2018


Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	4	6	2	1	8	1	3	5	3	8
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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.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2016

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.

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10/01, 2016, and ending 09/30, 2017

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.</u> Doing Business As _____	D Employer identification number <u>13-1878704</u>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>2231 CRYSTAL DRIVE</u> <u>350</u>	E Telephone number <u>(703) 310-1130</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>ARLINGTON, VA 22202-3794</u>	G Gross receipts \$ <u>83,659,470.</u>
	F Name and address of principal officer: <u>ESKINDER NEGASH</u> <u>SAME AS C ABOVE.</u>	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶ <u>REFUGEES.ORG</u>	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: <u>1958</u>	M State of legal domicile: <u>NY</u>
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Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	11.
4	Number of independent voting members of the governing body (Part VI, line 1b)	11.
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	552.
6	Total number of volunteers (estimate if necessary)	500.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	55,313,115.	74,717,855.
	9 Program service revenue (Part VIII, line 2g)	3,790,205.	3,588,167.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,206.	100,935.
	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.
Expenses	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.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,516,917.	14,757,050.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>329,149.</u>		
	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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	17,108,143.	17,890,204.
	21 Total liabilities (Part X, line 26)	8,035,850.	7,894,347.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,072,293.	9,995,857.

Part II Signature Block

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

Sign Here	Signature of officer: LEE WILLIAMS Type or print name and title	Date: <u>08/07/2018</u> SR VICE PRESIDENT
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Paid Preparer Use Only	Print/Type preparer's name: <u>JOYCE UNDERWOOD</u> Firm's name: ▶ <u>BDO USA, LLP</u> Firm's address: ▶ <u>8401 GREENSBORO DRIVE, #800 MCLEAN, VA 22102</u>	Preparer's signature: Date: <u>08/07/2018</u>	Check <input type="checkbox"/> if self-employed	PTIN: <u>P00022361</u> Firm's EIN: ▶ <u>13-5381590</u> Phone no.: <u>703-893-0600</u>
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May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2016)

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2016

Department of the Treasury
Internal Revenue Service

Name of exempt organization

U.S. COMMITTEE FOR REFUGEES AND

Employer identification number

13-1878704

Name and title of officer

LEE WILLIAMS, SR VICE PRESIDENT

Part I 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 ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>78437058.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5),	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

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

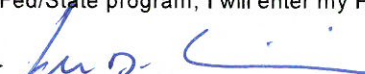
I authorize BDO USA, LLP to enter my PIN

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 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 PIN on the return's disclosure consent screen.

Officer's signature ▶ 

Date ▶ 08/07/2018

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	4	6	2	1	8	1	3	5	3	8
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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
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For Paperwork Reduction Act Notice, see back of form.

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 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

4b (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 SOCIETY.

4d Other program services (Describe in Schedule O.) (Expenses \$ 12,985,430. including grants of \$ 3,977,930.) (Revenue \$ 3,629,522.)

4e Total program service expenses 76,542,236.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?.		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
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? <i>If "Yes," complete Schedule J.</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
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? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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 filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and Form 990/1041 filings.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-9 (various governance and documentation questions).

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

Table with 3 columns: Question, Yes, No. Rows include 10a-16b (policies on chapters, conflict of interest, whistleblower, compensation, etc.).

Section 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(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

ESKINDER NEGASH 2231 CRYSTAL DRIVE, SUITE 350 ARLINGTON, VA 22202-3794 703-310-1130

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GENE DEFELICE CHAIR	1.00 0.	X		X				0.	0.	0.
(2) KATHERINE CROST VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) LAWRENCE M. ROSENTHAL TREASURER	1.00 0.	X		X				0.	0.	0.
(4) SCOTT WU SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) KENNETH BLACKMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(6) DIANN DAWSON DIRECTOR	1.00 0.	X						0.	0.	0.
(7) EARL JOHNSON DIRECTOR	1.00 0.	X						0.	0.	0.
(8) LILY O'BOYLE DIRECTOR	1.00 0.	X						0.	0.	0.
(9) JOHN MONAHAN DIRECTOR	1.00 0.	X						0.	0.	0.
(10) WILLIAM SHUEY DIRECTOR	1.00 0.	X						0.	0.	0.
(11) SAM UDANI DIRECTOR	1.00 0.	X						0.	0.	0.
(12) JAMES HATHAWAY DIRECTOR	1.00 0.	X						0.	0.	0.
(13) ESKINDER NEGASH EXECUTIVE SENIOR VP	40.00 0.			X				231,213.	0.	14,423.
(14) LEE WILLIAMS VICE PRESIDENT, CFO	40.00 0.			X				228,700.	0.	34,518.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) LAVINIA LIMON PRESIDENT, CEO	40.00 0.			X			270,262.	0.	38,558.	
(16) ALISON SEILER DIRECTOR ADMINISTRATION	40.00 0.				X		165,175.	0.	21,872.	
(17) SABA BERHANE DIRECTOR OF PROGRAMS	40.00 0.					X	137,409.	0.	19,123.	
(18) STACIE BLAKE DIRECTOR OF GOVERNMENT RELATIO	40.00 0.					X	127,434.	0.	27,969.	
(19) WONY PAK DIRECTOR OF MIS	40.00 0.					X	122,650.	0.	27,397.	
(20) ESSEY WORKIE DIRECTOR OF MRD PROGRAMS	40.00 0.					X	124,849.	0.	0.	
(21) PETER LIMON DIRECTOR OF BUSINESS DEVELOPME	40.00 0.					X	143,518.	0.	24,412.	
1b Sub-total							459,913.	0.	48,941.	
c Total from continuation sheets to Part VII, Section A							1,091,297.	0.	159,331.	
d Total (add lines 1b and 1c)							1,551,210.	0.	208,272.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 11**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 3**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	73,176,796.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,541,059.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f ▶		74,717,855.				
Program Service Revenue	2a	IOM COLLECTION FEES	Business Code 900099	1,913,761.	1,913,761.			
	b	INTERPRETATION	900099	1,055,332.	1,055,332.			
	c	CHILD CARE SERVICES	900099	217,825.	217,825.			
	d	MEMBER AGENCY DUES	900099	101,700.	101,700.			
	e	IMMIGRATION SERVICES	900099	256,063.	256,063.			
	f	All other program service revenue		43,486.	43,486.			
	g	Total. Add lines 2a-2f ▶		3,588,167.				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶		96,003.			96,003.
4		Income from investment of tax-exempt bond proceeds . ▶		0.				
5		Royalties ▶		0.				
6a		Gross rents	(i) Real	41,145.				
			(ii) Personal					
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 assets other than inventory	(i) Securities	5,216,300.				
			(ii) Other					
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.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a		0.					
b	Less: direct expenses b		0.					
c	Net income or (loss) from fundraising events ▶		0.					
9a	Gross income from gaming activities. See Part IV, line 19 a		0.					
b	Less: direct expenses b		0.					
c	Net income or (loss) from gaming activities ▶		0.					
10a	Gross sales of inventory, less returns and allowances a		0.					
			0.					
			0.					
b	Less: cost of goods sold b		0.					
c	Net income or (loss) from sales of inventory ▶		0.					
Miscellaneous Revenue		Business Code						
11a	_____							
b	_____							
c	_____							
d	All other revenue							
e	Total. Add lines 11a-11d ▶		0.					
12	Total revenue. See instructions. ▶		78,437,058.	3,588,167.			131,036.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	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.			
5 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 Fees for services (non-employees):				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) <u>ATCH 3</u>	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 <u>PRINTING AND REPRODUCTION</u>	1,425,455.	1,278,260.	132,299.	14,896.
b <u>BAD DEBT</u>	286,328.	39,575.	246,753.	
c <u>SUBSCRIPTIONS AND REFERENCES</u>	216,171.	77,601.	126,241.	12,329.
d <u>EQUIP RENTAL & REPAIR</u>	190,239.	144,673.	42,485.	3,081.
e All other expenses _____	263,479.	4,167,739.	-3,906,993.	2,733.
25 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	386,113.	9	370,562.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,109,173.		
	b Less: accumulated depreciation.	10b 1,206,308.		
		1,009,729.	10c	902,865.
	11 Investments - publicly traded securities	4,064,067.	11	4,715,169.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	113,227.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,108,143.	16	17,890,204.	
Liabilities	17 Accounts payable and accrued expenses	1,236,213.	17	1,064,557.
	18 Grants payable	3,890,772.	18	4,871,067.
	19 Deferred revenue	1,827,341.	19	847,676.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,081,524.	25	1,111,047.
	26 Total liabilities. Add lines 17 through 25	8,035,850.	26	7,894,347.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	8,572,293.	27	9,818,986.
	28 Temporarily restricted net assets	500,000.	28	176,871.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,072,293.	33	9,995,857.	
34 Total liabilities and net assets/fund balances	17,108,143.	34	17,890,204.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	78,437,058.
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,913,690.
3	Revenue less expenses. Subtract line 2 from line 1	3	523,368.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,072,293.
5	Net unrealized gains (losses) on investments	5	400,196.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,995,857.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2016

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished; 4 Total; 5 Portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities, etc.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2016 (99.73%); 15 Public support percentage from 2015 Schedule A, Part II, line 14 (99.69%); 16a 33 1/3% support test - 2016; 16b 33 1/3% support test - 2015; 17a 10%-facts-and-circumstances test - 2016; 17b 10%-facts-and-circumstances test - 2015; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2015 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described 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	
c 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	

Section 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover 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. . . .			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
MISCELLANEOUS	25,345.	33,586.	11,658.	16,844.		87,433.
TOTALS	<u>25,345.</u>	<u>33,586.</u>	<u>11,658.</u>	<u>16,844.</u>		<u>87,433.</u>

Schedule of Contributors

2016

▶ **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.

Name of the organization U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.	Employer identification number 13-1878704
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(³) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 51,305,958.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 21,281,532.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.	Employer identification number 13-1878704
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Part II **Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Employer identification number
13-1878704

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

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

(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
_____ _____ _____	_____ _____ _____

(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 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

OMB No. 1545-0047

2016

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

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.**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures		77,913,690.	
e Total exempt purpose expenditures (add lines 1c and 1d)		77,913,690.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
Not over \$500,000		20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000		\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?...

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 13-1878704

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue, Assets. Rows include: 1a 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. b 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: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2016

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, 3b. Sub-columns: Yes, No.

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) IOM LIABILITY	435,609.
(3) DEFERRED RENT	675,438.
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,111,047.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part 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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
13-1878704

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	2.	3.	PROGRAM SERVICES	SEE PART V	183,529.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total,	2.	3.			183,529.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	3.			183,529.

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

Schedule F (Form 990) 2016

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

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

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

3 Enter total number of other organizations or entities

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 3:

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

JOB TRAINING - PROVIDE JOB TRAINING AND SOCIAL SERVICES.

SCHEDULE F, PART I, LINE 3:

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

EXPENDITURES ARE REPORTED IN ACCORDANCE WITH GAAP.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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

Employer identification number
13-1878704

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ABILENE-TAYLOR COUNTY PUBLIC HEALTH DISTRICT 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) ASTAN ASSOC. OF UTAH 1588 S. MAJOR ST. SALT LAKE CITY, UT 84115	87-0333555	501(C) (3)	20,509.				AGENCY PAYMENTS
(4) ASTAN 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. 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
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

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

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number
13-1878704

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CITY OF AMARILLO 509 SE SEVENTH AVENUE AMARILLO, TX 79105	75-6000444	AMARILLO CITY	226,910.				AGENCY PAYMENTS
(2) CITY OF AUSTIN 301 W 2ND ST. AUSTIN, TX 78701	74-6000085	AUSTIN CITY	1,020,713.				AGENCY PAYMENTS
(3) CLEVELAND RAPE CRISIS CENTER 1228 EUCLID AVE, STE 200	51-0164315	501 (C) (3)	6,440.				AGENCY PAYMENTS
(4) COALITION TO ABOLISH SLAVERY & TRAFFICKING 5042 WILSHIRE BLVD. STE 586	10-0008533	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	91-1043304	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 FLOOR 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 WALL, STE 300	94-1606519	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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

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

Employer identification number
13-1878704

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash 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 ALLIANCE 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 CLINTON AVENUE BRIDGEPORT, 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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/forms990.

U.S. COMMITTEE FOR REFUGEES AND
IMMIGRANTS, INC.

Employer identification number
13-1878704

OMB No. 1545-0047
2016

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) INTERNATIONAL INSTITUTE OF RHODE ISLAND 645 ELWOOD 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.				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 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 CHILD CARE 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 ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
13-1878704

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MIDLAND HEALTH AND SENIOR SERVICES 3303 W ILLINOIS AVENUE MIDLAND, TX 79703	75-6000608	501 (C) (3)	32,642.				AGENCY PAYMENTS
(2) MY SISTER'S HOUSE 3053 FREEPOR 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.				AGENCY PAYMENTS
(5) NEW YORK ASIAN WOMEN'S CENTER 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) PILLIPINO 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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

U. S. COMMITTEE FOR REFUGEES AND
IMMIGRANTS, INC.

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

Employer identification number

13-1878704

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) 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 MARTIN LUTHER KING JR. WAY SOUTH RESTORE NY	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

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

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

Schedule I (Form 990) (2016)

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

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

Name of the organization

U. S. COMMITTEE FOR REFUGEES AND

Employer identification number

IMMIGRANTS, INC.

13-1878704

OMB No. 1545-0047
2016

**Open to Public
Inspection**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash 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)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							78.
3 Enter total number of other organizations listed in the line 1 table							

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

Schedule I (Form 990) (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.

(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 STRENGTHENING	611.	45,528.			
4 WILSON FISH	105.	168,930.			
5 OTHER PROGRAM GRANTS	225.	352,695.			
6					
7					

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

FORM 990, SCHEDULE I, PART I, LINE 2

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

CLEVELAND RAPE CRISIS CENTER

1228 EUCLID AVE, STE 200 CLEVELAND, OH 44114

COALITION TO ABOLISH SLAVERY & TRAFFICKING

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

FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

1290 MARAIPOSA MALL, STE. 300 FRESNO, CA 93721

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

HEARTLAND ALLIANCE FOR HUMAN

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

IMMIGRATION COUNSELING SERVICE

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

INTERNATIONAL INSTITUTE OF WISCONSIN

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization IMMIGRANTS, INC.	U.S. COMMITTEE FOR REFUGEES AND	Employer identification number 13-1878704
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Part I 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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	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.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c 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:		
a 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:		
a 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 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	

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ESKINDER NEGASH EXECUTIVE SENIOR VP	231,213.	0.	0.	14,423.	0.	245,636.	0.
LEE WILLIAMS	0.	0.	0.	0.	0.	0.	0.
2 VICE PRESIDENT, CFO	228,700.	0.	0.	22,819.	11,699.	263,218.	0.
ALISON SEILER	165,175.	0.	0.	16,484.	5,388.	187,047.	0.
3 DIRECTOR ADMINISTRATION	0.	0.	0.	0.	0.	0.	0.
4 SABA BERAHNE DIRECTOR OF PROGRAMS	137,409.	0.	0.	13,725.	5,388.	156,522.	0.
STACIE BLAKE	127,434.	0.	0.	12,736.	15,233.	155,403.	0.
5 DIRECTOR OF GOVERNMENT RELATIO	0.	0.	0.	0.	0.	0.	0.
WONY PAK	122,650.	0.	0.	12,165.	15,232.	150,047.	0.
6 DIRECTOR OF MIS	0.	0.	0.	0.	0.	0.	0.
LAVINIA LIMON	270,262.	0.	0.	26,405.	12,153.	308,820.	0.
7 PRESIDENT, CEO	0.	0.	0.	0.	0.	0.	0.
PETER LIMON	143,518.	0.	0.	14,339.	10,073.	167,930.	0.
8 DIRECTOR OF BUSINESS DEVELOPME	0.	0.	0.	0.	0.	0.	0.
9							
10							
11							
12							
13							
14							
15							
16							

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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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

Employer identification number
13-1878704

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
LIFE

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 SUFFICIENCY 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

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

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

Employer identification number
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 EX
OFFICIO DIRECTOR AND DIRECTORS ELECTED TO FILL VACANCIES AS PROVIDED IN
ARTICLE II, SECTION 2 OF THE BYLAWS, AND SHALL VOTE ON SUCH BUSINESS AS
MAY COME BEFORE THE MEMBERSHIP.

FORM 990, PART VI, LINE 8B

DOCUMENTATION OF MEETINGS

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

FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS

THE ORGANIZATION'S ACCOUNTING FIRM PREPARES THE IRS FORM 990 USING THE
AUDITED 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
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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.

FORM 990, PART VI, LINE 17 - STATES

ATTACHMENT 1

AL, AK, AZ, AR, CA, CO, CT, DE,
DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,
MN, MS, MO, MT, NE, NV, NH, NJ, NY, NC, ND, OH, OK, OR, PA,
RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY

Name of the organization	U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.	Employer identification number	13-1878704
		<u>ATTACHMENT 2</u>	

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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 3FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
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	<u>17,029,855.</u>	<u>16,664,215.</u>	<u>357,594.</u>	<u>8,046.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047
2016

Open to Public
Inspection

Name of the organization

U.S. COMMITTEE FOR REFUGEES AND

Employer identification number

IMMIGRANTS, INC.

13-1878704

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DISCOVERING HOMES, LLC 2231 CRYSTAL DRIVE, SUITE 350 ARLINGTON, VA 22202	SEE PART VII	OH	30,101.	307,386.	SEE PART VII
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Schedule R (Form 990) 2016

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

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

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

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

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

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

Table with 5 columns: (a) Name of related organization, (b) Transaction type (a-s), (c) Amount involved, (d) Method of determining amount involved, and Yes/No. Rows include categories like Receipt of interest, Gift, Loans, Dividends, Sale of assets, etc.

Table with 5 columns: (1) through (6) for additional information or continuation.

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

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

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

Part VII Supplemental Information

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

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.