# As Originally Filed

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements.

| A                                       | Ear th.           | 2000 selection derives a state of the circuit TTTT 1 2000  | ******                             |   |
|---|-------------------|--|------------------------------------|---|
|   |                   | h f  | JUN 30, 2010                       |   |
| В                                       | Check if applicab | Please C Name of organization  | D Employer identifi                | cation number                           |
|   | Addre             | USE HS UNITARIAN UNIVERSALIST SERVICE  |                                    |   |
| L                                       | chang<br>Name     | pe print or COMMITTEE INC  |                                    |   |
| L                                       | chang             | pe type. Doing Business As   | 04-6                               | 186012                                  |
| L                                       | Initial<br>return |  | uite E Telephone numbe             | 1                                       |
|   | Termi<br>ated     | Specific 689 MASSACHUSETTS AVENUE  |                                    | )-868-6600                              |
|   | Amen              | ded tions.   | G Gross receipts \$                | 10,404,549.                             |
|   | Application       | CAMBRIDGE, MA 02139  | H(a) Is this a group r             |   |
|   | pendi             | F Name and address of principal officer: WILLIAM F. SCHULZ   | for affiliates?                    | Yes X No                                |
|   |                   | SAME AS C ABOVE  | H(b) Are all affiliates in         |   |
| -                                       | Tay-ey            | empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527   | 7                                  |   |
|   |                   | te: WWW.UUSC.ORG   |                                    | list. (see instructions)                |
| *****                                   |                   |  | H(c) Group exemption               |   |
| -                                       | art I             | Summary  | Year of formation: 1948            | M State of legal domicile: MA           |
| - 1                                     | <del></del>       |  |                                    | 40                                      |
| 9                                       | 1                 | Briefly describe the organization's mission or most significant activities: SEE SCHE   | DULE O, PAGE                       | <u>42.</u>                              |
| ğ                                       |                   |  |                                    |   |
| Governance                              | 2                 | Check this box if the organization discontinued its operations or disposed of r  | nore than 25% of its net a         | ssets.                                  |
| õ                                       | 3                 | Number of voting members of the governing body (Part VI, line 1a)  | 3                                  | 15                                      |
| త                                       | 4                 | Number of independent voting members of the governing body (Part VI, line 1b)  | 4                                  | 15                                      |
| es<br>S                                 | 5                 | Total number of employees (Part V, line 2a)  | 5                                  | 52                                      |
| Ž                                       | 6                 | Total number of volunteers (estimate if necessary)   | 6                                  | 1729                                    |
| Activities &                            | 7a                | Total gross unrelated business revenue from Part VIII, column (C), line 12   | 7a                                 | 60,746.                                 |
|   | b                 | Net unrelated business taxable income from Form 990-T, line 34   |                                    | 33,752.                                 |
|   |                   |  | Prior Year                         | Current Year                            |
| as                                      | 8                 | Contributions and grants (Part VIII, line 1h)  | 4,960,691.                         | 7,862,533.                              |
| Ž                                       | 9                 | Program service revenue (Part VIII, line 2g)   |                                    | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Revenue                                 | 10                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | -875,379.                          | 437,754.                                |
| ŭ                                       | 11                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 135,158.                           | 189,935.                                |
|   |                   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 4,220,470.                         |   |
|   |                   | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                                    | 8,490,222.                              |
|   |                   |  | 1,005,220.                         | 821,263.                                |
|   | 1                 | Benefits paid to or for members (Part IX, column (A), line 4)  | 2 446 021                          | 0.000.00                                |
| Expenses                                | 15                | Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 3,446,031.                         | 2,969,604.                              |
| ë                                       | тьа               | Professional fundraising fees (Part IX, column (A), line 11e)  | 78,826.                            | 99,955.                                 |
| 씂                                       | b                 | Total fundraising expenses (Part IX, column (D), line 25) 724,633.   |                                    | (99)<br>2                               |
| - Andrews                               | 17                | Other expenses (Part IX, column (A), lines 11a·11d, 11f-24f)   | 1,778,512.                         | 1,614,202.                              |
|   |                   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 6,308,589.                         | 5,505,024.                              |
| - 70                                    | 19                | Revenue less expenses. Subtract line 18 from line 12   | -2,088,119.                        | 2,985,198.                              |
| s or                                    |                   |  | Beginning of Current Year          | End of Year                             |
| SSE                                     | 20                | Total assets (Part X, line 16)   | 18,316,326.                        | 21,865,327.                             |
| ZP<br>ZP                                | 21                | Total liabilities (Part X, line 26)  | 5,675,707.                         | 5,676,690.                              |
| Net Assets<br>Fund Balanc               | 22                | Net assets or fund balances. Subtract line 21 from line 20   | 12,640,619.                        | 16,188,637.                             |
| Pa                                      | art II            | Signature Block  |                                    |   |
|   |                   | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle | nts, and to the best of my knowled | ge and belief, it is true, correct,     |
|   |                   | As Originally Filed  | eage.                              |   |
| Sig                                     | n                 | TEG ANTERNATION LINGS  |                                    |   |
| Her                                     |                   | Signature of officer   | Date                               |   |
|   |                   | MICHAEL ZOUZOUA, CHIEF FINANCIAL OFFICER   |                                    |   |
|   |                   | Type or print name and title   |                                    |   |
| *************************************** |                   | Preparer's Date  | Check if Prepare                   | er's identifying number                 |
| Paic                                    | đ                 | signature  | Self- (see ins                     | structions)                             |
| Prep                                    | parer's           | Firm's name (or CBIZ TOFIAS  | employed >                         |   |
| Use                                     | Only              | yours if CDIZ IOPIAS   | EIN                                |   |
|   |                   | address, and   |                                    | 4 m m e 4                               |
|   |                   | ZIP+4 CAMBRIDGE, MA 02139  | Phone no. ► 6                      | 17-761-0600                             |
| May                                     | y the IF          | RS discuss this return with the preparer shown above? (see instructions)   |                                    | X Yes No                                |

| 4 | Other program services. (Describe in Schedule O.)                 |
|---|---|
|   |   |
|   | (Expenses \$ 649,339 including grants of \$ 422,755 ) (Revenue \$ |
|   |   |
|   | Total program service expenses \$ 4 447 881                       |

932002 02-04-10

# Form 990 (2009) COMMITTEE INC Part IV Checklist of Required Schedules

|     |  | ,    | Yes   | No                                     |
|-----|--|------|-------|--|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |      |       |  |
|     | If "Yes," complete Schedule A  | 1    | X     | <u> </u>                               |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2    | X     |  |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |      |       | -                                      |
|     | public office? If "Yes," complete Schedule C, Part I   | 3    |       | X                                      |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | 4    | X     | <u> </u>                               |
| 5   | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and   |      |       |  |
| _   | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   | 5    |       | ļ                                      |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to  |      |       |  |
|     | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6    |       | 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? If "Yes," complete Schedule D, Part II   | 7    |       | X                                      |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   |      |       |  |
| _   | Schedule D, Part III   | 8    |       | X                                      |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide  |      |       |  |
|     | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9    |       | X                                      |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?   |      |       |  |
|     | If "Yes," complete Schedule D, Part V  | 10   | X     | <u> </u>                               |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X   |      |       |  |
|     | as applicable  | 11   | X     | ļ                                      |
|     | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |      |       |  |
| •   | Part VI.   | i.a  | r     |  |
| •   | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |      |       |  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.   | 19   |       |  |
| •   | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |      |       |  |
|     | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  |      |       | ŀ                                      |
| *** | 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   | i    |       |  |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX.   |      |       | ŀ                                      |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.   |      | 1.    | ľ                                      |
| •   | 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? If "Yes," complete Schedule D, Part X.  | - 1  |       |  |
| 10  |  |      |       |  |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.   | 24 H |       | :                                      |
| 401 | Weether exemination included in association in the state of the state  | 12   | X     |  |
| IZA |  |      |       | -                                      |
| 13  | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  |      |       |  |
| 14a | Did the organization maintain on office annulus and the state of the total of the state of the s | 13   |       | X                                      |
|     | Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,   | 14a  |       | X                                      |
| IJ  | and program service activities outside the United States? If "Yes," complete Schedule F, Part I  |      |       |  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization  | 14b  | X     |  |
| 10  | or entity located outside the United States? If "Yes," complete Schedule F, Part II  | _    | **    |  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals   | 15   | X     |  |
| 10  | located outside the United States? If "Yes," complete Schedule F, Part III   |      |       | **                                     |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 16   |       | X                                      |
| "   | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I   |      | · •   |  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | 17   | X     |  |
| 10  |  | .    |       | 77                                     |
| 19  | 1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  | 18   |       | <u>X</u>                               |
|     |  | 45   |       | ************************************** |
| 20  | complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 19   |       | X                                      |
|     | 2.2 the original and operate one of more hospitals; if Tes, complete scriedule if  | 20   | 200 / | X                                      |

Form 990 (2009) COMMITTEE INC
Part IV Checklist of Required Schedules (continued)

|     |   | T   | Yes | No                                      |
|-----|---|-----|-----|---|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the                                    |     |     |   |
|     | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  | X   |   |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,                            |     |     |   |
|     | column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22  |     | 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? If "Yes," complete  |     |     |   |
|     | Schedule J  | 23  | 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? If "Yes," answer lines 24b through 24d and complete                                      |     |     |   |
|     | Schedule K. If "No", go to line 25  | 24a | X   |   |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     | X                                       |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                                    | ļ   |     |   |
|     | any tax-exempt bonds?   | 24c |     | X                                       |
|     | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d |     | X                                       |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a                                      |     |     |   |
|     | disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a |     | 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? If "Yes," complete                                   |     |     |   |
|     | Schedule L, Part I  | 25b |     | X                                       |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified                          |     |     |   |
|     | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II   | 26  |     | X                                       |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial                                    |     |     |   |
|     | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete                                    |     |     |   |
|     | Schedule L, Part III  | 27  |     | X                                       |
| 28  | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV                                      |     | 4.  |   |
|     | instructions for applicable filing thresholds, conditions, and exceptions):   |     |     |   |
| a   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a |     | X                                       |
| b   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                              | 28b |     | X                                       |
| С   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was                         |     |     |   |
| 00  | an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c |     | X                                       |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29  |     | X                                       |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation                             |     |     |   |
| 24  | contributions? If "Yes," complete Schedule M  | 30  |     | X                                       |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations?  |     |     | **                                      |
| 32  | If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete | 31  |     | X                                       |
| 32  | - / /   |     |     | 77                                      |
| 33  | Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                         | 32  |     | _X_                                     |
| 33  | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | -00 |     | 37                                      |
| 34  | Was the organization related to any tax-exempt or taxable entity?   | 33  |     | <u>X</u>                                |
| 04  | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   |     | ĺ   | <b>ፕ</b> ፓ                              |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)?   | 34  |     | X                                       |
| 00  | If "Yes," complete Schedule R, Part V, line 2   | O.F |     | v                                       |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                              | 35  |     | _X_                                     |
| -   | If "Yes," complete Schedule R, Part V, line 2   | 20  |     | X                                       |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  | 36  |     |   |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | X                                       |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?   | 01  |     | *7                                      |
|     | Note. All Form 990 filers are required to complete Schedule O.  | 38  | x   |   |
|     |   |     |     | *************************************** |

#### 009) COMMITTEE INC Statements Regarding Other IRS Filings and Tax Compliance Part V

|         |   |           | Yes  | No                                      |
|---------|---|-----------|------|---|
| 1a      | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of  |           |      | ĺ                                       |
|         | U.S. Information Returns. Enter -0- if not applicable   |           |      |   |
| b       | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b  | 1         |      |   |
| C       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  |           |      |   |
| _       | (gambling) winnings to prize winners?   | 1c        | X    | ļ                                       |
| 2a      | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |           |      |   |
| L.      | filed for the calendar year ending with or within the year covered by this return 2a 52   | 1         | **   |   |
| Ø       | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b        | X    |   |
| 24      | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  |           | 27   |   |
| oa<br>b | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O      | 3a        | X    |   |
|         | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 3b        | X    | <b></b>                                 |
| 74      | financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 10        |      | X                                       |
| h       | If "Yes," enter the name of the foreign country:  | 4a        |      |   |
| 100     | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and   |           |      | à                                       |
|         | Financial Accounts.   |           |      |   |
| 5a      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a        |      | X                                       |
| b       | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b        |      | X                                       |
|         | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited   | 36        |      | 21                                      |
|         | Tax Shelter Transaction?  | 5c        |      |   |
| 6a      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit   |           |      |   |
|         | any contributions that were not tax deductible?   | 6a        |      | X                                       |
| b       | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts  |           | İ    |   |
|         | were not tax deductible?  | 6b        |      |   |
| 7       | Organizations that may receive deductible contributions under section 170(c).   | n 1 - 1 - |      | 1 - A. A                                |
| а       | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services  |           |      |   |
|         | provided to the payor?  | 7a        |      | X                                       |
| b       | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b        |      |   |
| С       | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required   | l         | }    |   |
|         | to file Form 8282?  | 7c        |      | X                                       |
|         | If "Yes," indicate the number of Forms 8282 filed during the year   |           | ŀ    | :                                       |
| е       | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal   | [         |      |   |
| _       | benefit contract?   | 7e        |      | X                                       |
| f       | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | 7f        |      | X                                       |
| g       | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | <u>7g</u> |      |   |
|         | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?   | 7h        |      |   |
| 8       | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the  |           |      |   |
|         | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  |           |      |   |
| 9       | Sponsoring organizations maintaining donor advised funds.   | 8         |      |   |
|         | Did the organization make any taxable distributions under section 4966?   | 0-        | :    |   |
|         | Did the organization make a distribution to a donor, donor advisor, or related person?  | 9a<br>9b  |      |   |
| 10      | Section 501(c)(7) organizations, Enter:   | 90        |      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|         | Initiation fees and capital contributions included on Part VIII, line 12  |           |      |   |
|         | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b   |           |      |   |
| 1       | Section 501(c)(12) organizations, Enter:  | ,         |      |   |
|         | Gross income from members or shareholders 11a   | - II      | ,    |   |
|         | Gross income from other sources (Do not net amounts due or paid to other sources against  |           |      |   |
|         | amounts due or received from them.)   |           |      |   |
| 2a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a       |      |   |
| b       | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |           |      |   |
|         |   | Form      | 990/ | 20001                                   |

COMMITTEE INC

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

| Sec | tion A. Governing Body and Management  |                |   |             |   | ,   |
|-----|--|----------------|---|-------------|---|---|
|     |  | ı              | ہ ا                                     |             | Yes   | No  |
| 1a  | 9 9 7  | <u>1a</u>      |   | .5          |   |   |
| b   | Enter the number of voting members that are independent  | 1b             | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | .5          |   |   |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship            |                | •                                       |             |   |   |
| _   | officer, director, trustee, or key employee?   |                |   | . 2         | ļ   | X   |
| 3   | Did the organization delegate control over management duties customarily performed by or under the                   |                |   |             |   |   |
|     | of officers, directors or trustees, or key employees to a management company or other person?                        |                |   |             |   | X   |
| 4   | Did the organization make any significant changes to its organizational documents since the prior Fo                 |                |   |             | ļ   | X   |
| 5   | Did the organization become aware during the year of a material diversion of the organization's asset                | s? .           |   | . 5         | ļ   | X   |
| 6   | Does the organization have members or stockholders?  |                |   | . 6         | ļ   | X   |
| 7a  | Does the organization have members, stockholders, or other persons who may elect one or more me                      |                |   |             |   |   |
|     | governing body?  |                |   | . 7a        | ļ   | X   |
|     | ,  |                |   | . <u>7b</u> | ļ   | X   |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken                      | durin          | g the year                              | la tra      |   |   |
|     | by the following:  |                |   |             | i.  |   |
| а   | The governing body?  |                |   |             | X   |   |
| b   | Each committee with authority to act on behalf of the governing body?  |                |   | . 8b        | X   |   |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea            | ched           | at the                                  |             |   |   |
|     | organization's mailing address? If "Yes," provide the names and addresses in Schedule O                              |                |   | 9           |   | X   |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re                 | evenu          | ie Code.)                               |             | ·1  |   |
|     |  |                |   |             | Yes   | No  |
|     | Does the organization have local chapters, branches, or affiliates?  |                |   | . 10a       |   | X   |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such                |                |   | -           |   |   |
|     | and branches to ensure their operations are consistent with those of the organization?                               |                |   | . 10b       |   |   |
| 11  | Has the organization provided a copy of this Form 990 to all members of its governing body before fi                 | ling th        | ne form?                                |             | X   |   |
| 11A |  |                |   |             |   | . or p  |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13                             |                |   | . 12a       | X   |   |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that couto conflicts? | Ü              |   | 12b         | x   |   |
| С   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If                  |                |   |             |   |   |
|     | in Schedule O how this is done   |                |   | 12c         | x   |   |
| 13  | Does the organization have a written whistleblower policy?   |                |   |             | X   | <b> </b>                                      |
| 14  | Does the organization have a written document retention and destruction policy?                                      |                |   | .           | X   |   |
| 15  | Did the process for determining compensation of the following persons include a review and approva                   |                |   | ·           |   |   |
|     | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                    |                | naoponaoni                              |             |   |   |
| а   | The organization's CEO, Executive Director, or top management official   |                |   | 15a         | X   |   |
| b   | Other officers or key employees of the organization  |                |   | 15b         | X   |   |
| ~   | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)                                 |                |   | . 100       | <u>*                                   </u> |   |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen          | nent v         | with a                                  | 7           |   | · -   |
| u   | taxable entity during the year?  |                |   | 16a         | i r   | х   |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval              |                |   | · IOA       |   | - 23  |
| -   | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organisms.          |                |   |             |   | -   |
|     | exempt status with respect to such arrangements?   |                |   | 16b         |   |   |
| Sec | tion C. Disclosure   |                | *************************************** | . 100       |   |   |
| 17  | List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, DC, F                         | L.G            | A.HI.IL.I                               | N.KS        | . KY  | . T.A   |
| 18  | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T                 |                |   |             | 1   | , <u>, , , , , , , , , , , , , , , , , , </u> |
|     | public inspection. Indicate how you make these available. Check all that apply.                                      | , ,            | . ,,.,,,                                |             |   |   |
|     | Own website X Another's website X Upon request   |                |   |             |   |   |
| 19  | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or                  | onflict        | t of interest policy                    | and fine    | ıncial                                      |   |
|     | statements available to the public.  |                |   | III K       |   |   |
| 20  | State the name, physical address, and telephone number of the person who possesses the books ar                      | nd rec         | ords of the organi                      | zation:     | ▶   |   |
| -   | MICHAEL ZOUZOUA - (617)301-4318  |                |   |             |   |   |
|     | UUSC, 689 MASSACHUSETTS AVENUE, CAMBRIDGE, MA 021  | 39             | ****                                    |             |   |   |
|     |  | normásico rece |   |             | A = 5                                       |   |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

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

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

| (A)                     | (B)     | ly Cu                          | IIIGII                |           | )<br>)       | , une                        | 70101  | 1                 | /F1/   | 76m t  |
|-------------------------|---------|--------------------------------|-----------------------|-----------|--------------|------------------------------|--------|-------------------|--|--|
| Name and Title          | Average |                                |                       | ر<br>Posi | -            |                              |        | (D)<br>Reportable | <b>(E)</b><br>Reportable   | (F)  |
| ramo and Titlo          | hours   | (cl                            |                       |           |              | app                          | lv)    | compensation      | compensation   | Estimated<br>amount of   |
|                         | per     | <u> </u>                       |                       |           |              | - P P                        | .,,    | from              | from related   | other  |
|                         | week    | directe                        |                       |           |              |                              |        | the               | organizations  | compensation   |
|                         |         | 10 00                          | stee                  |           |              | sates                        |        | organization      | (W-2/1099-MISC)  | from the   |
|                         |         | trust                          | aftru                 |           | aako         | oduic                        |        | (W-2/1099-MISC)   |  | organization   |
|                         |         | individual trustee or director | institutional fruster | Je.       | Key employee | Highest compensated employee | Former |                   |  | and related<br>organizations   |
|                         |         | ipu;                           | Lu Lu                 | Officer   | Kny          | High                         | For    |                   |  | organizations  |
| JOHN GIBBONS            |         |                                |                       |           |              |                              |        |                   |  | The state of the s |
| CHAIR                   | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| KATHERINE C. HALL       |         |                                |                       |           |              |                              |        |                   |  |  |
| VICE CHAIR              | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| CHARLES SANDMEL         |         |                                |                       |           |              |                              |        |                   |  |  |
| TREASURER               | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| CHARLOTTE JONES-CARROLL |         |                                |                       |           |              |                              |        |                   | ***************************************  |  |
| SECRETARY               | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0  |
| SUSAN SCRIMSHAW         |         |                                |                       |           |              |                              |        |                   |  | ······································   |
| MEMBER-AT-LARGE         | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| CHUCK SPENCE            |         |                                |                       |           |              |                              |        |                   |  |  |
| MEMBER-AT-LARGE         | 1.00    | Х                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| TOM ANDREWS             |         |                                |                       |           |              |                              |        |                   |  |  |
| BOARD MEMBER            | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| DAVID LYSY              |         |                                |                       |           |              |                              |        |                   |  |  |
| BOARD MEMBER            | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| LURMA RACKLEY           |         |                                |                       |           |              |                              |        |                   |  |  |
| BOARD MEMBER            | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| DAVID COLTON            |         |                                |                       |           |              |                              |        |                   |  |  |
| BOARD MEMBER            | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| SELENA SERMENO          |         |                                |                       |           |              |                              |        |                   |  |  |
| BOARD MEMBER            | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| FELISA TIBBITTS         |         |                                |                       |           |              |                              |        |                   | and the second s |  |
| BOARD MEMBER            | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| LUCIA SANTINI-FIELD     |         |                                |                       |           |              |                              |        |                   |  |  |
| BOARD MEMBER            | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| JOHN BUEHRENS           | 4 00    |                                |                       |           |              |                              |        | _                 |  |  |
| BOARD MEMBER            | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| DAVE MADAN              | 4 00    |                                |                       | -         |              |                              |        |                   |  |  |
| BOARD MEMBER            | 1.00    | X                              |                       |           |              |                              |        | 0.                | 0.   | 0.   |
| CHARLES L. CLEMENTS     | 10 00   |                                |                       |           |              |                              |        | 4 pm pm           |  |  |
| PRESIDENT & CEO         | 40.00   |                                |                       | X         |              |                              |        | 155,620.          | 0.   | 45,985.  |
| WILLIAM SCHULZ          | 20 00   |                                |                       | x         |              |                              |        |                   | _  | _  |
| INTERIM PRESIDENT & CEO | 20.00   |                                |                       | Y         |              |                              |        | 0.                | 0.1  | 0.   |

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| Part VII Section A. Officers, Directors, Tr  | ustees, Key E                           | mple                           | oyee                  | es, a  | nd           | High   | est      | Compensated Employ   | rees (continued)                               |  |   |   |
|--|---|--------------------------------|-----------------------|--|--------------|--|----------|--|--|--|---|---|
| (A)<br>Name and title  | (B)<br>Average<br>hours                 | (c                             |                       | Pos  |              | n<br>: app   | ıly)     | (D) Reportable compensation  | (E) Reportable compensation                    |  | Estin                                   | F)<br>nated<br>unt of                                     |
|  | per<br>week                             | Individual frustee or director | Institutional frustee | Officer  | Key employee | Highest compensated employes   |          | from<br>the<br>organization<br>(W-2/1099-MISC)   | from related<br>organizations<br>(W-2/1099-MIS |  | oti<br>compe<br>fron<br>organ<br>and r  | her<br>ensation<br>of the<br>ization<br>elated<br>zations |
| CONSTANCE KANE   | 40.00                                   |                                |                       | 37   |              |  |          | 05.000   |  |  | 4.0                                     |   |
| VP & COO<br>MICHAEL ZOUZOUA  | 40.00                                   | <del> </del>                   | -                     | X  | -            | -  | <u> </u> | 95,839.  |  | 0.   | 13                                      | ,761.   |
| CFO  | 40.00                                   |                                |                       | X  |              | - Constitution of the Cons |          | 86,937.  |  | 0.   | 30                                      | ,623.   |
|  |   |                                |                       | Annual Control of the |              |  |          |  |  |  |   |   |
|  |   |                                |                       |  |              |  |          |  |  |  |   |   |
|  |   |                                |                       |  |              |  |          |  |  |  | ·····                                   |   |
|  |   |                                |                       |  |              |  |          |  |  |  |   |   |
| <ul><li>1b Total</li><li>2 Total number of individuals (including but r</li></ul>              |   |                                |                       |  |              |  | no re    | 338,396. eceived more than \$100   |  | 0.   | 90                                      | ,369.   |
| compensation from the organization   |   | ensusummer:                    | han worker            |  |              | noonfankin ett massa:  |          | ann an an Airth (an Airth an A |  | THE STATE OF THE S | Į γ <sub>ε</sub>                        | 1<br>es No  |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s   | uch individual                          |                                |                       |  |              |  |          | **********************   |  |  | 3                                       | x   |
| For any individual listed on line 1a, is the st<br>and related organizations greater than \$15 | um of reportab<br>0.000? <i>If</i> "Yes | le co                          | omp                   | ensa   | tior         | and  | l oth    | ner compensation from t  | the organization                               |  | 4 2                                     | 7   |
| 5 Did any person listed on line 1a receive or a  | accrue comper                           | nsati                          | ion f                 | rom  | any          | unr  | elate    | ed organization for servi  | ces rendered to                                | •••  | 4 4                                     | <b>x</b>  |
| the organization? If "Yes," complete Sched<br>Section B. Independent Contractors               | ule J for such                          | oers                           | on .                  |  | *****        |  |          | ***************************************  |  |  | 5                                       | X   |
| Complete this table for your five highest contact the organization.     NONE                   | mpensated inc                           | depe                           | ende                  | nt c   | ontr         | acto   | rs th    | hat received more than   | \$100,000 of comp                              | ensa   | ation fror                              | n   |
| (A)<br>Name and business   | address                                 |                                |                       |  |              |  |          | <b>(B)</b><br>Description of s   | ervices  | С  | (C)<br>ompensa                          | ation   |
|  |   |                                |                       |  |              |  |          |  |  |  |   |   |
|  |   |                                |                       |  |              |  |          |  |  |  |   |   |
|  |   | -                              |                       |  |              | ******   | +        |  |  |  |   |   |
|  |   |                                |                       |  |              | ***************************************  |          |  |  |  | *************************************** |   |
| Total number of independent contractors (i \$100,000 in compensation from the organize)        |   | ot lir                         | nited                 | d to   | thos         | _  | ted      | above) who received m  | ore than                                       |  | · .                                     |   |
| g. 100,000 in compensation from the organic  | COLOT!                                  |                                | 10A11                 | ********   |              |  |          |  |  |  | orm <b>99</b>                           | 0 (2009)  |

|    | Part IV, line 18                               |               |         |         |                  |   |
|----|--|---------------|---------|---------|------------------|---|
|    | b Less: direct expensesb                       |               | ii      | 4.5, 5  |                  | , |
|    | c Net income or (loss) from fundraising events |               |         |         |                  |   |
| 9  | a Gross income from gaming activities. See     |               |         |         | e e              |   |
|    | Part IV, line 19 a                             |               |         | f .     | ,                |   |
|    | b Less: direct expensesb                       |               |         | 4 7 4 4 | i p g II dig 4 y | ı |
|    | c Net income or (loss) from gaming activities  |               |         |         |                  |   |
| 10 | a Gross sales of inventory, less returns       |               |         |         |                  |   |
|    | and allowancesa                                | 86,827.       |         |         |                  |   |
|    | b Less: cost of goods soldb                    | 46,346.       |         |         |                  |   |
|    | c Net income or (loss) from sales of inventory |               | 40,481. | 40,481. |                  |   |
|    | Miscellaneous Revenue                          | Business Code | 7       |         |                  | 1 |
| 11 | a OTHER FEES                                   | 900099        | 88,708. | 88,708. |                  |   |
|    | b  |               |         |         |                  |   |

932009 02-04-10 60,746. 437,754.

88,708. 8,490,222.

d All other revenue

Total revenue. See instructions.

e Total. Add lines 11a-11d

129,189.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| Do               | All other organizations must complete not include amounts reported on lines 6b,   | (A)             | (B)                      | (C)                             |  |
|------------------|---|-----------------|--------------------------|---------------------------------|--|
|                  | 8b, 9b, and 10b of Part VIII.   | Total expenses  | Program service expenses | Management and general expenses | (D)<br>Fundraising<br>expenses   |
| 1                | Grants and other assistance to governments and  |                 |                          |                                 |  |
|                  | organizations in the U.S. See Part IV, line 21  | 336,933.        | 336,933.                 |                                 |  |
| 2                | Grants and other assistance to individuals in   |                 |                          | -                               |  |
|                  | the U.S. See Part IV, line 22   |                 | ŀ                        |                                 |  |
| 3                | Grants and other assistance to governments,   |                 |                          |                                 | la .   |
|                  | organizations, and individuals outside the U.S.   |                 |                          | e Company                       |  |
|                  | See Part IV, lines 15 and 16  | 484,330.        | 484,330.                 | , dept. 4 miles                 | 4 10 40  |
| 4                | Benefits paid to or for members   |                 |                          | T.                              |  |
| 5                | Compensation of current officers, directors,  |                 |                          |                                 |  |
|                  | trustees, and key employees   | 539,421.        | 434,525.                 | 46,051.                         | 58,845.  |
| 6                | Compensation not included above, to disqualified  |                 |                          |                                 | The second secon |
|                  | persons (as defined under section 4958(f)(1)) and   |                 |                          |                                 |  |
|                  | persons described in section 4958(c)(3)(B)  |                 |                          |                                 |  |
| 7                | Other salaries and wages  | 2,086,021.      | 1,821,771.               | 104,726.                        | 159,524.   |
| 8                | Pension plan contributions (include section 401(k)  |                 |                          |                                 |  |
|                  | and section 403(b) employer contributions)  | 177,266.        | 153,362.                 | 10,583.                         | 13,321.  |
| 9                | Other employee benefits   | 1,740.          | 1,443.                   | 87.                             | 210.   |
| 10               | Payroll taxes   | 165,156.        | 144,927.                 | 8,288.                          | 11,941.  |
| 11               | Fees for services (non-employees):  |                 |                          |                                 |  |
| а                | Management  |                 |                          |                                 |  |
| b                | Legal   | 9,501.          |                          | 1,102.                          | 8,399.   |
| c                |   | 43,500.         | 17,400.                  | 4,350.                          | 21,750.  |
|                  | Lobbying  | 6,000.          | 6,000.                   | 1,000                           | 22,1000  |
| e                | Professional fundraising services. See Part IV, line 17   | 99,955.         |                          |                                 | 99,955.  |
| f                | Investment management fees  | 55,996.         |                          |                                 | 55,996.  |
| g.               | Other   | 180,542.        | 119,473.                 | 28,522.                         | 32,547.  |
| 12               | Advertising and promotion   | 27,217.         | 19,597.                  | 20,522.                         | 7,620.   |
| 13               | Office expenses   | 108,347.        | 39,550.                  | 4,958.                          | 63,839.  |
| 14               | Information technology  | 16,670.         | 12,891.                  | 2,233.                          |  |
| -                |   | 10,070.         | 12,091                   | Z, 233.                         | 1,546.   |
| 15               | Royalties   | 341,247.        | 227,806.                 | 59,755.                         | E3 (0(   |
| 16               | Occupancy   | 156,254.        | 139,395.                 |                                 | <u>53,686.</u>   |
| 17               | Travel  | 130,434.        | 139,395.                 | 3,277.                          | 13,582.  |
| 18               | Payments of travel or entertainment expenses  |                 |                          |                                 |  |
| 40               | for any federal, state, or local public officials   | 21,251.         | 12,072.                  | F 404                           | 2 7 7 7  |
| 19               | Conferences, conventions, and meetings  | 41,431.         | 14,012.                  | 5,424.                          | 3,755.   |
| 20               | Interest  |                 |                          |                                 |  |
| 21               | Payments to affiliates  | 250 002         | 100 200                  | 24 400                          | 06.000   |
| 22               | Depreciation, depletion, and amortization   | <u>259,983.</u> | 192,387.                 | 31,198.                         | <u>36,398.</u>   |
| 23               | Insurance   | 35,524.         | 25,712.                  | 4,711.                          | 5,101.   |
| 24               | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) |                 |                          | 1                               |  |
| а                | PRINTING & PUBLICATIONS   | 130,485.        | 100,005.                 | 373.                            | 30,107.  |
| h                | POSTAGE & SHIPPING  | 92,518.         | 66,811.                  | 987.                            | 24,720.  |
|                  | SUPPLIES  | 63,507.         | 47,552.                  | 5,064.                          | 10,891.  |
| d                | TELEPHONE   | 53,211.         | 35,736.                  | 8,563.                          | 8,912.   |
| e                | EQUIPMENT RENTAL & MAIN   | 12,449.         | 8,203.                   | 2,258.                          | 1,988.   |
|                  | All other expenses  | 12,7220         | 0,203.                   | 4,450.                          | 1,300.   |
|                  | Total functional expenses. Add lines 1 through 24f  | 5,505,024.      | 4,447,881.               | 332,510.                        | 724,633.   |
| 25<br>26         | Joint costs. Check here   X if following  | J, JUJ, U44 o   | 型, 型性/, 〇〇上。             | 334,310.                        | 144,033.   |
| 20               | SOP 98-2. Complete this line only if the organization   |                 |                          |                                 |  |
|                  |   | Liver           |                          |                                 |  |
|                  | reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  | 110,250.        | 51,817.                  | 0.                              | E0 422   |
| Merchalum and mi | euroanonai campaign anu iunuraising solicitanon   | TTO, 430 el     | 27,07/•                  | U .)                            | 58,433.  |

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Form 990 (2009)
Part X | Balance Sheet

| rai                          | nt X | Balance Sheet  | enwerten.                               |                          | T                                     |   |
|------------------------------|------|--|---|--------------------------|---------------------------------------|---|
|                              |      |  |   | (A)<br>Beginning of year |                                       | <b>(B)</b><br>End of year   |
|                              | 1    | Cash - non-interest-bearing                              | ******************************          | 410,528.                 | 1                                     | 2,168,802.  |
|                              | 2    | Savings and temporary cash investments                   |   | 2,545,026.               | 2                                     | 4,233,838.  |
|                              | 3    | Pledges and grants receivable, net                       | ************************************    | 805,297.                 | 3                                     | 1,720,960   |
|                              | 4    | Accounts receivable, net                                 | ******************************          | 62,683.                  | 4                                     | 75,781  |
|                              | 5    | Receivables from current and former officers, director   | rs, trustees, key                       |                          |                                       | 77  |
|                              |      | employees, and highest compensated employees. C          | omplete Part II                         |                          | 1                                     |   |
|                              |      | of Schedule L  |   |                          | 5                                     |   |
|                              | 6    | Receivables from other disqualified persons (as defin    | ned under section                       |                          |                                       |   |
|                              |      | 4958(f)(1)) and persons described in section 4958(c)     |   |                          |                                       | * * * * * .   |
|                              |      | Part II of Schedule L                                    | *************************************** |                          | 6                                     |   |
| 23                           | 7    | Notes and loans receivable, net                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          | 7                                     |   |
| Assets                       | 8    | Inventories for sale or use                              | *****************************           |                          | 8                                     |   |
| ₵                            | 9    | Prepaid expenses and deferred charges                    | *************************************** | 89,338.                  | 9                                     | 141,716.  |
|                              | 10a  | Land, buildings, and equipment: cost or other            |   | \$ 1. V. V.              |                                       |   |
|                              |      | basis. Complete Part VI of Schedule D 10:                |   |                          |                                       |   |
|                              | b    | Less: accumulated depreciation 10                        | 914,923.                                | 6,028,068.               | 10c                                   | 5,869,503   |
|                              | 11   | Investments - publicly traded securities                 |   | 7,171,155.               | 11                                    | 6,576,320   |
|                              | 12   | Investments · other securities. See Part IV, line 11     | *******************************         |                          | 12                                    |   |
| ĺ                            | 13   | Investments - program-related. See Part IV, line 11      | ******************************          |                          | 13                                    |   |
| ļ                            | 14   | Intangible assets  |   |                          | 14                                    | - Anthony Control of the Control of |
|                              | 15   | Other assets. See Part IV, line 11                       | *******************************         | 1,204,231.               | 15                                    | 1,078,407   |
|                              | 16   | Total assets. Add lines 1 through 15 (must equal line    |   | 18,316,326.              | 16                                    | 21,865,327.   |
|                              | 17   | Accounts payable and accrued expenses                    | *************************************** | 408,243.                 | 17                                    | 538,797.  |
|                              | 18   | Grants payable   | *************                           |                          | 18                                    |   |
|                              | 19   | Deferred revenue   | ******************************          | 14,143.                  | 19                                    |   |
|                              | 20   | Tax-exempt bond liabilities                              | **************                          | 3,341,566.               | 20                                    | 3,262,985   |
| 2                            | 21   | Escrow or custodial account liability. Complete Part     | V of Schedule D                         |                          | 21                                    |   |
| Liabilitaes                  | 22   | Payables to current and former officers, directors, tru  | ıstees, key employees,                  |                          |                                       |   |
| <u>g</u>                     |      | highest compensated employees, and disqualified p        | ersons. Complete Part II                |                          | ar<br>i                               |   |
| د                            |      | of Schedule L  |   |                          | 22                                    |   |
|                              | 23   | Secured mortgages and notes payable to unrelated         |   |                          | 23                                    |   |
|                              | 24   | Unsecured notes and loans payable to unrelated thir      |   | 375,000.                 | 24                                    | 375,000.  |
|                              | 25   | Other liabilities. Complete Part X of Schedule D         |   | 1,536,755.               | 25                                    | 1,499,908.  |
|                              | 26   | Total liabilities. Add lines 17 through 25               |   | 5,675,707.               | 26                                    | 5,676,690.  |
|                              |      | Organizations that follow SFAS 117, check here           | X and complete                          |                          | 4                                     |   |
| ß                            |      | lines 27 through 29, and lines 33 and 34.                |   |                          |                                       |   |
| =                            | 27   | Unrestricted net assets                                  |   | 8,084,182.               | 27                                    | 9,109,742.  |
| 3                            | 28   | Temporarily restricted net assets                        |   | 1,371,007.               | 28                                    | 3,493,108.  |
| 2                            | 29   |  |   | 3,185,430.               | 29                                    | 3,585,787.  |
| 3                            |      | Organizations that do not follow SFAS 117, check         | here 🕨 📖 and                            |                          | · · · · · · · · · · · · · · · · · · · | Like the second of the second |
| 5                            |      | complete lines 30 through 34.                            |   |                          |                                       | \$15. 6 ;   |
|                              | 30   | Capital stock or trust principal, or current funds       |   |                          | 30                                    |   |
|                              |      | Paid-in or capital surplus, or land, building, or equipm |   |                          | 31                                    |   |
| Net Assets of Fully Dalaille |      | Retained earnings, endowment, accumulated income         |   |                          | 32                                    |   |
| -                            | 33   | Total net assets or fund balances                        |   | 12,640,619.              | 33                                    | 16,188,637.   |
|                              | 34   | Total liabilities and net assets/fund balances           |   | 18,316,326.              | 34                                    | 21,865,327.   |

#### UNITARIAN UNIVERSALIST SERVICE

Form 990 (2009) COMMITTEE INC 04-6186012 Page **12** 

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

#### 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. ➤ See separate instructions.

OMB No. 1545-0047

2009 Open to Public

Inspection

Name of the organization

UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number 04-6186012

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 11, check only one box.) 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.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III · Functionally integrated **b** Type II d \_\_\_\_ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the organization in col. (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Nο Yes

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 5650460. 4960691. 7862533. 30897195. include any "unusual grants.") 6613561. 5809950. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 6613561. 5809950. 5650460. 4960691. 7862533.30897195. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4860272. 6 Public support. Subtract line 5 from line 4 26036923. Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) **(b)** 2006 (a) 2005 (d) 2008 (e) 2009 (f) Total 6613561. 5809950. 5650460. 4960691 7862533.30897195. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 214,701. 347,180. 259,107. 198,695. 193,201. and income from similar sources Net income from unrelated business activities, whether or not the 14,121 43,533. 14,094. 34,752. 106,500. business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 32216579. 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 970,518. 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 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 80.82 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 82.37 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization × X b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2009

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

|                                    | art III Support Schedule for C   | Drganizations   | Described in   | Section 509(a)   | (2) (Complete on   | huif you abacked the be   | ov on line 0 of Dort L   |
|------------------------------------|--|---|--|--|--|---|--|
| Se                                 | ction A. Public Support  |   |  |  | (Complete on   | iy ii you checked the bo  | on the 9 of Part 1.  |
| Cal                                | endar year (or fiscal year beginning in)   | (a) 2005  | (b) 2006   | (c) 2007   | (d) 2008   | (e) 2009  | (f) Total  |
| 1                                  | Gifts, grants, contributions, and  |   |  |  |  |   |  |
|                                    | membership fees received. (Do not  |   |  |  |  |   |  |
|                                    | include any "unusual grants.")   |   |  |  |  |   |  |
| 2                                  | Gross receipts from admissions,  |   |  |  |  |   |  |
|                                    | merchandise sold or services per-  |   |  |  |  |   |  |
|                                    | formed, or facilities furnished in   |   |  |  |  |   |  |
|                                    | any activity that is related to the<br>organization's tax-exempt purpose   |   |  |  |  |   |  |
| 3                                  | Gross receipts from activities that  |   |  |  |  |   |  |
| 0                                  | are not an unrelated trade or bus-   |   | - I CONSTRUCTION   |  | Target photographic and the state of the sta |   |  |
|                                    | iness under section 513  |   |  |  | A CONTRACTOR OF THE CONTRACTOR |   |  |
| ,                                  | **********   |   |  |  |  |   |  |
| 4                                  | Tax revenues levied for the organ-   |   |  |  |  |   |  |
|                                    | ization's benefit and either paid to   |   |  |  |  |   |  |
|                                    | or expended on its behalf  | <u>'</u>  |  |  |  |   |  |
| 5                                  | The value of services or facilities  |   |  |  |  |   |  |
|                                    | furnished by a governmental unit to  |   |  |  |  |   |  |
|                                    | the organization without charge  |   |  |  |  |   | ***************************************  |
|                                    | Total. Add lines 1 through 5   |   |  |  |  |   |  |
| 7 8                                | Amounts included on lines 1, 2, and  |   |  |  | ***************************************  |   |  |
|                                    | 3 received from disqualified persons   |   |  |  |  |   |  |
| k                                  | Amounts included on lines 2 and 3 received   |   |  |  |  |   |  |
|                                    | from other than disqualified persons that exceed the greater of \$5,000 or 1% of the   |   |  |  |  |   |  |
|                                    | amount on line 13 for the year   |   |  |  |  |   |  |
| •                                  | Add lines 7a and 7b  |   |  |  |  |   | ACT OF CONTRACTOR CONT |
|                                    | Public support (Subtract line 7c from line 6.)   |   |  | 10 s . n   |  |   |  |
| Se                                 | ction B. Total Support   | Acidiatery ( ethics of Commicco Passaconcurrence Courts ( Acid Armitty) ( Milwiden)   | nth arthur (number of 2002) and mind a carban land as the Court was in close as a court was a court was a carb   | inchen bework versen sich normalister od besondere eine sich der | ·  |   |  |
| Cal                                | endar year (or fiscal year beginning in)   | (a) 2005  | (b) 2006   | (c) 2007   | (d) 2008   | (e) 2009  | (f) Total  |
| 9                                  | Amounts from line 6  |   |  |  |  |   | · · · · · · · · · · · · · · · · · · ·  |
|                                    | Gross income from interest,  |   |  |  |  |   |  |
|                                    | dividends, payments received on  |   |  |  |  |   |  |
|                                    | securities loans, rents, royalties and income from similar sources   |   |  |  |  |   |  |
| k                                  | Unrelated business taxable income  |   |  |  |  |   |  |
| _                                  | (less section 511 taxes) from businesses   |   |  |  |  |   |  |
|                                    | acquired after June 30, 1975   |   |  |  |  |   |  |
|                                    | Add lines 10a and 10b  |   |  |  |  |   |  |
|                                    | Net income from unrelated business   |   |  |  |  |   |  |
| • •                                | activities not included in line 10b,   |   |  |  |  |   |  |
|                                    | whether or not the business is   |   |  |  |  |   |  |
| 12                                 | regularly carried on Other income. Do not include gain   |   |  | <u> </u>   |  |   |  |
| 12.                                | or loss from the sale of capital   |   |  |  |  |   |  |
|                                    | assets (Explain in Part IV.)   |   |  |  |  |   |  |
| 13                                 | Total support (Add lines 9, 10c, 11, and 12.)  |   |  |  |  |   | ****   |
| 14                                 | First five years. If the Form 990 is for   |   |  |  | •  | ,,,,  |  |
|                                    | check this box and stop here   |   |  |  |  |   |  |
| 40.                                |  | in Simonnet Da  | PAANTANA   |  |  |   |  |
| Sec                                | ction C. Computation of Publ   | <del></del>   |  |  |  |   |  |
| Sec<br>15                          | Public support percentage for 2009 (i  | ine 8, column (f) d   | ivided by line 13,   |  |  |   | %  |
| 15<br>16                           | Public support percentage for 2009 (I  | ine 8, column (f) d<br>Schedule A, Part   | ivided by line 13,   |  |  |   | %<br>%   |
| 15<br>16                           | Public support percentage for 2009 (i  | ine 8, column (f) d<br>Schedule A, Part   | ivided by line 13,   |  |  |   |  |
| 15<br>16<br>Sec                    | Public support percentage for 2009 (I  | ine 8, column (f) d<br>Schedule A, Part<br>stment Incom   | ivided by line 13,<br>III, line 15<br>e Percentage   |  |  | 16  | %  |
| 15<br>16<br>Sec                    | Public support percentage for 2009 (in Public support percentage from 2008 ction D. Computation of Investion D. Public Support | ine 8, column (f) d<br>Schedule A, Part<br>stment Incom<br>09 (line 10c, colur  | ivided by line 13,<br>III, line 15<br>e Percentage<br>nn (f) divided by li   | ne 13, column (f))   |  | 17  |  |
| 15<br>16<br>Sec<br>17<br>18        | Public support percentage for 2009 (in Public support percentage from 2008 ction D. Computation of Investment income percentage for 2009 (in Public Support  | ine 8, column (f) d<br>Schedule A, Part<br>stment Incom<br>109 (line 10c, colur<br>2008 Schedule A,   | ivided by line 13,<br>III, line 15<br>e Percentage<br>nn (f) divided by li<br>Part III, line 17  | ne 13, column (f))   |  | 16<br>17<br>18  | %<br>%<br>%  |
| 15<br>16<br>Sec<br>17<br>18        | Public support percentage for 2009 (in Public support percentage from 2008 ection D. Computation of Investigation of Investig | ine 8, column (f) d<br>Schedule A, Part<br>stment Incom<br>109 (line 10c, colur<br>2008 Schedule A,<br>organization did r                                     | ivided by line 13,<br>III, line 15<br>e Percentage<br>mn (f) divided by li<br>Part III, line 17<br>not check the box   | ne 13, column (f))   | o 15 is more than  | 16<br>17<br>18<br>33 1/3%, and line 1                             | %<br>%<br>%<br>7 is not  |
| 15<br>16<br>Sec<br>17<br>18<br>19a | Public support percentage for 2009 (in Public support percentage from 2008 ection D. Computation of Investment income percentage for 20 Investment income percentage from 20 a 33 1/3% support tests - 2009. If the more than 33 1/3%, check this box a  | ine 8, column (f) di Schedule A, Partistment Incomi<br>109 (line 10c, colur<br>2008 Schedule A,<br>organization did rind stop here. The                       | ivided by line 13, III, line 15 Percentage mn (f) divided by li Part III, line 17 not check the box organization qual  | ne 13, column (f)) on line 14, and line  | 15 is more than  | 16<br>17<br>18<br>33 1/3%, and line 1<br>zation                   | %<br>%<br>%<br>7 is not  |
| 15<br>16<br>Sec<br>17<br>18<br>19a | Public support percentage for 2009 (in Public support percentage from 2008 ection D. Computation of Investment income percentage from 20 investment income percentage for 2009 (investment 2008 in 2008 | ine 8, column (f) do Schedule A, Part street Incom 109 (line 10c, column 2008 Schedule A, organization did red stop here. The organization did red stop here. | ivided by line 13, III, line 15  e Percentage III, line 17 III check the box organization qual not check a box or | ne 13, column (f)) on line 14, and line ifies as a publicly s n line 14 or line 19a                  | e 15 is more than<br>upported organia, and line 16 is n  | 17<br>18<br>33 1/3%, and line 1<br>zation<br>nore than 33 1/3%, a | 7 is not   |

Schedule A (Form 990 or 990-EZ) 2009

#### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

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

UNITARIAN UNIVERSALIST SERVICE

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

2009

COMMITTEE INC 04-6186012 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990 EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009) for Form 990, 990-EZ, or 990-PF.

# SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

|            | 1501(c)(4), (5), or (6) organiza        |                                       | ~~~~                       |  |  |
|------------|---|---------------------------------------|----------------------------|--|--|
| Name of or | 024 22 22 22                            | AN UNIVERSALIST S                     | SERVICE                    | Emp  | loyer identification number                      |
| 1 F 8      | COMMITT                                 |                                       | a beautiful and the second | The state of the s | 04-6186012                                       |
| Part I-A   | Complete if the org                     | ganization is exempt unde             | er section 501(c           | ) or is a section 527 o  | organization.                                    |
|            | ,                                       | zation's direct and indirect politica | . •                        |  |  |
|            |   |                                       |                            |  |  |
| 3 Volum    | teer hours                              |                                       |                            | ***************************************  | · · · · · · · · · · · · · · · · · · ·            |
|            |   |                                       |                            |  |  |
| Part I-B   |   | ganization is exempt unde             |                            |  |  |
|            |   | incurred by the organization under    |                            |  |  |
| 2 Enter    | the amount of any excise tax            | incurred by organization manager      | s under section 495        | 55   | <b></b>  |
|            |   | on 4955 tax, did it file Form 4720 fo |                            |  |  |
|            |   | ····                                  |                            | ***************************************  | Yes L No   |
|            | s," describe in Part IV.                |                                       | P O A                      |  |  |
| L          |   | ganization is exempt unde             |                            |  |  |
| 1 Enter    | the amount directly expended            | d by the filing organization for sect | tion 527 exempt fun        | ction activities 🕨 🤄   | <b></b>  |
|            |   | nization's funds contributed to other | · ·                        |  |  |
| exem       | ot function activities                  | ,                                     |                            | <b>&gt;</b>  |  |
|            | · ·                                     | s. Add lines 1 and 2. Enter here an   |                            | ,  |  |
|            |   |                                       |                            |  |  |
|            |   | 1120-POL for this year?               |                            |  |  |
|            |   | mployer identification number (EIN    |                            |  |  |
|            |   | the amount paid from the filing org   |                            |  |  |
|            |   | ivered to a separate political organ  | nization, such as a s      | eparate segregated fund or   | a political action committee                     |
| (PAC)      | . If additional space is needed         | d, provide information in Part IV.    | <del></del>                | ·  |  |
|            | (a) Name                                | (b) Address                           | (c) EIN                    | (d) Amount paid from   | (e) Amount of political                          |
|            |   |                                       |                            | filing organization's  | contributions received and promptly and directly |
|            |   | ·                                     |                            | funds. If none, enter -0   | delivered to a separate                          |
|            |   |                                       |                            |  | political organization.                          |
|            |   |                                       |                            |  | If none, enter -0                                |
|            |   |                                       |                            |  |  |
|            |   |                                       |                            |  |  |
|            |   | *                                     |                            |  |  |
|            |   |                                       |                            |  |  |
|            |   |                                       |                            |  |  |
|            |   |                                       |                            |  |  |
|            |   |                                       |                            |  |  |
| -          | AND |                                       |                            |  |  |
|            |   |                                       |                            |  |  |
| h-1        |   |                                       |                            |  |  |
|            |   |                                       |                            |  |  |
|            |   |                                       |                            |  |  |

932041 02-04-10

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

Schedule C (Form 990 or 990-EZ) 2009

| Part II-A Complete if the org                  |   | npt under section   | n 501(c)(3) and file                           | ed Form 5768   | 180012 Page 2  |
|--|---|---|--|--|--|
|  | tion belongs to an affi                     | • ,   |  | -  |  |
| Limi   | ts on Lobbying Expe                         | nd "limited control" pro<br>nditures<br>ints paid or incurred.) |  | (a) Filing<br>organization's<br>totals   | (b) Affiliated group totals  |
| 1a Total lobbying expenditures to influ        | uence public opinion (                      | grass roots lobbying)   |  | 2,000.   | **************************************   |
| b Total lobbying expenditures to infli         |   |   |  | 4,000.   |  |
| c Total lobbying expenditures (add li          | ines 1a and 1b)                             |   |  | 6,000.   | ***************************************  |
| d Other exempt purpose expenditure             |   |   |  | 4,774,391.   |  |
| e Total exempt purpose expenditure             | s (add lines 1c and 1c                      | i)  |  | 4,780,391.   |  |
| f_Lobbying nontaxable amount. Ent              | er the amount from the                      | e following table in bot  | n columns.                                     | 389,020.   |  |
| If the amount on line 1e, column (a) o         | or (b) is: The lob                          | bying nontaxable am   | ount is:                                       | i vi   |  |
| Not over \$500,000                             | 20% of                                      | the amount on line 1e.  | ***************************************        |  | t ta   |
| Over \$500,000 but not over \$1,00             | 0,000 \$100,00                              | 00 plus 15% of the exc  | ess over \$500,000.                            | :  |  |
| Over \$1,000,000 but not over \$1,5            | 600,000 \$175,00                            | 00 plus 10% of the exc  | ess over \$1,000,000.                          |  |  |
| Over \$1,500,000 but not over \$17             |   | 10 plus 5% of the exce  | ss over \$1,500,000.                           |  |  |
| Over \$17,000,000                              | \$1,000,                                    | 000.  |  |  |  |
|  |   |   |  | 14.<br>  |  |
| g Grassroots nontaxable amount (er             | , .,  |   | ***************************************        | 97,255.  | W. Company of the Com |
| h Subtract line 1g from line 1a. If zer        |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                         |  | 0.   |  |
| i Subtract line 1f from line 1c. If zero       | , ,,  |   | L  | 0.   |  |
| j If there is an amount other than ze          |   | line 1i, did the organiza                                       | ation file Form 4720                           | r-   |  |
| reporting section 4911 tax for this            | **************************************      |   |  | L  | Yes No   |
|  | ations that made a s<br>lumns below. See th | e instructions for line   | n do not have to comp<br>s 2a through 2f on pa |  |  |
|  | Lobbying Exper                              | nditures During 4-Yea   | r Averaging Period                             | - Albania de la companya de la comp |  |
| Calendar year<br>(or fiscal year beginning in) | (a) 2006                                    | (b) 2007  | (c) 2008                                       | ( <b>d</b> ) 2009  | (e) Total  |
| 2a Lobbying nontaxable amount                  | 432,402.                                    | 465,125.  | 417,271.                                       | 389,020.   | 1,703,818.   |
| <ul> <li>b Lobbying ceiling amount</li> </ul>  |   | el di                       |  |  | ***************************************  |
| (150% of line 2a, column(e))                   |   | ***************************************                         |  |  | 2,555,727.   |
| c Total lobbying expenditures                  | 38,375.                                     | 25,500.   | 6,135.   | 6,000.   | 76,010.  |
| d Grassroots nontaxable amount                 | 108,101.                                    | 116,281.  | 104,318.                                       | 97,255.  | 425,955.   |
| e Grassroots ceiling amount                    |   | - 14 T - 1  |  |  |  |
| (150% of line 2d, column (e))                  |   |   |  |  | 638,933.   |
|  |   |   |  |  |  |

Schedule C (Form 990 or 990-EZ) 2009 COMMITTEE INC 04-618600

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)).

|  | <u> </u>                                | a)                                      | (b)                                     |
|--|---|---|---|
|  | Yes                                     | No                                      | Amount                                  |
| During the year, did the filing organization attempt to influence foreign, national, state or  |   |   |   |
| local legislation, including any attempt to influence public opinion on a legislative matter   |   |   |   |
| or referendum, through the use of:   |   |   |   |
| a Volunteers?  |   |   |   |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |   | <del></del>                             | -4,                                     |
| c Media advertisements?  |   |   | ——————————————————————————————————————  |
| d Mailings to members, legislators, or the public?   |   |   |   |
| e Publications, or published or broadcast statements?  |   |   |   |
| f Grants to other organizations for lobbying purposes?   |   | *************************************** | *************************************** |
| g Direct contact with legislators, their staffs, government officials, or a legislative body?  |   |   | ****                                    |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |   |   | <del></del>                             |
| i Other activities? If "Yes," describe in Part IV  |   | <u> </u>                                |   |
| j Total. Add lines 1c through 1i   |   |   |   |
| a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |   |   |   |
|  |   |   |   |
| b If "Yes," enter the amount of any tax incurred under section 4912  |   | 11 <sup>94</sup>                        |   |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912   | <u> </u>                                |   |   |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   | - E04(a)                                | /C\                                     |   |
| 501(c)(6).   | on suric                                | (o), or se                              | ction                                   |
|  | *************************************** |   | Yes N                                   |
| Were substantially all (90% or more) dues received nondeductible by members?   |   |   | 163 16                                  |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |   | 1                                       |   |
| Did the examination passes to consider to labeling and malifical assessment to the same  |   |   |   |
| art III-B Complete if the organization is exempt under section 501(c)(4), section  | EO4/-)                                  | 3                                       |   |
| "Yes."  Dues, assessments and similar amounts from members   |   |   |   |
| pass, associate and similar amounts non-missions   |   | 1                                       |   |
|  |   | 1                                       |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)  |   |   |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   | cal                                     |   |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year   | cal                                     | 2a                                      |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year   | cal                                     | 2a                                      |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  | cal                                     | 2a 2b 2c                                |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues   | cal                                     | 2a 2b 2c 3                              |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds   | cal                                     | 2a 2b 2c                                |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and paid to the section of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and paid to the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and paid to the exceeds the amount on line 3. | cess                                    | 2a 2b 2c 3                              |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  | cal                                     | 2a 2b 2c 3                              |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  | cal                                     | 2a 2b 2c 3                              |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Crotal  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  | cal                                     | 2a 2b 2c 3 4 5                          |   |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar                                     | cal                                     | 2a 2b 2c 3 4 5                          | , complete this p                       |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Crotal  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  | cal                                     | 2a 2b 2c 3 4 5                          | , complete this p                       |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar                                     | cal                                     | 2a 2b 2c 3 4 5                          | , complete this p                       |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar                                     | cal                                     | 2a 2b 2c 3                              | , complete this p                       |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar                                     | cal                                     | 2a 2b 2c 3                              | , complete this p                       |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar                                     | cal                                     | 2a 2b 2c 3                              | , complete this p                       |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar                                     | cal                                     | 2a 2b 2c 3                              | , complete this p                       |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar                                     | cal                                     | 2a 2b 2c 3                              | , complete this p                       |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar                                     | cal                                     | 2a 2b 2c 3                              | , complete this p                       |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar                                     | cal                                     | 2a 2b 2c 3                              | , complete this p                       |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and perspenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  Supplemental Information  nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar                                     | cal                                     | 2a 2b 2c 3                              | , complete this p                       |

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

UNITARIAN UNIVERSALIST SERVICE Name of the organization

Employer identification number

| F)     | COMMITTEE INC   | I tag I i was a second and the secon | 04-6186012   |
|--------|---|--|--|
| Pa     |   |  | s or Accounts. Complete if the   |
|        | organization answered "Yes" to Form 990, Part IV, line              | ∍ 6.   |  |
|        |   | (a) Donor advised funds  | (b) Funds and other accounts   |
| 1      | Total number at end of year   |  | A CONTRACTOR OF THE CONTRACTOR |
| 2      | Aggregate contributions to (during year)                            |  |  |
| 3      | Aggregate 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 geneta hold in dense and in   |  |
| 9      |   |  |  |
| ^      | are the organization's property, subject to the organization's      |  |  |
| 6      | Did the organization inform all grantees, donors, and donor a       | · ·  | ****   |
|        | for charitable purposes and not for the benefit of the donor of     |  |  |
| F      | impermissible private benefit?                                      |  | Yes No   |
| Ра     | rt II Conservation Easements. Complete if the org                   |  | Part IV, line 7.   |
| 1      | Purpose(s) of conservation easements held by the organizati         | on (check all that apply).   |  |
|        | Preservation of land for public use (e.g., recreation or p          | oleasure) Preservation of an his   | storically important land area   |
|        | Protection of natural habitat                                       | Preservation of a cer  | tified historic structure  |
|        | Preservation of open space  |  |  |
| 2      | Complete lines 2a through 2d if the organization held a qualif      | fied conservation contribution in the form   | of a conservation easement on the last   |
|        | day of the tax year.  |  |  |
|        | ,   |  | Held at the End of the Tax Year  |
| а      | Total number of conservation easements                              |  |  |
| b      | - · ·   |  |  |
| ~      | Number of conservation easements on a certified historic stre       |  |  |
| ٦      | Number of conservation easements included in (c) acquired a         |  |  |
| d      |   |  |  |
| 3      | Number of conservation easements modified, transferred, rel         | leased, extinguished, or terminated by the   | e organization during the tax  |
|        | year •  |  |  |
| 4      | Number of states where property subject to conservation ear         |  |  |
| 5      | Does the organization have a written policy regarding the per       |  |  |
|        | violations, and enforcement of the conservation easements it        | ***************************************  |  |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting,        |  |  |
| 7      | Amount of expenses incurred in monitoring, inspecting, and          |  |  |
| 8      | Does each conservation easement reported on line 2(d) above         |  |  |
|        | and section 170(h)(4)(B)(ii)?                                       |  | Yes No   |
| 9      | In Part XIV, describe how the organization reports conservation     | on easements in its revenue and expense  | e statement, and balance sheet, and  |
|        | include, if applicable, the text of the footnote to the organizat   | ion's financial statements that describes  | the organization's accounting for  |
|        | conservation easements.   |  |  |
| Pai    | t III Organizations Maintaining Collections of                      | f Art, Historical Treasures, or O  | ther Similar Assets.   |
| hamman | Complete if the organization answered "Yes" to Form                 |  |  |
|        |   |  |  |
| 1a     | If the organization elected, as permitted under SFAS 116, no        | t to report in its revenue statement and h   | alance sheet works of art, historical  |
|        | treasures, or other similar assets held for public exhibition, ed   |  |  |
|        | the footnote to its financial statements that describes these i     |  | blic service, provide, in Part XIV, the text of  |
| h      |   |  |  |
| b      | If the organization elected, as permitted under SFAS 116, to        |  |  |
|        | or other similar assets held for public exhibition, education, o    | r research in furtherance of public service  | e, provide the following amounts relating to   |
|        | these items:  |  |  |
|        | (i) Revenues 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 treat | asures, or other similar assets for financia   | l gain, provide  |
|        | the following amounts required to be reported under SFAS 1°         |  |  |
| а      | Revenues included in Form 990, Part VIII, line 1                    |  |  |
| b      | Assets included in Form 990, Part X                                 |  | > \$   |
|        |   |  |  |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

| COM | 4TI | יחית | F.F. | INC |
|-----|-----|------|------|-----|
|     |     |      |      |     |

| 04 | ļ | 6 | 1 | 8 | 6 | 0 | 1 | 2 | Page | 2 |
|----|---|---|---|---|---|---|---|---|------|---|
|    |   |   |   |   |   |   |   |   |      |   |

| Pa           | rt III Organizations Maintaining C  |                           | rt, Hist    | orical Tr                               | easures,                                | or Oth                     | er Simi                                 | lar Asse                              | ts (con                                 | tinued  | <u>age =</u>  |
|--------------|---|---------------------------|-------------|---|---|----------------------------|---|---------------------------------------|---|---|---|
| 3            | Using the organization's acquisition, access  |                           |             |   |   |                            |   |                                       |   |   |   |
|              | (check all that apply):   |                           |             | ·                                       | · ·                                     |                            | ŭ                                       |                                       |   |   | -   |
| а            | Public exhibition   | d                         | ı 🔲 L       | oan or exc                              | hange progr                             | ams                        |   |                                       |   |   |   |
| b            | Scholarly research  | -<br>e                    |             |   | 3-   9                                  |                            |   |                                       |   |   |   |
| c            | Preservation for future generations   | •                         |             | Land Bridge                             |   |                            | *************************************** |                                       |   | -   | ***************************************                       |
| 4            | Provide a description of the organization's ca  | ollections and explai     | n how th    | ev further t                            | he organizati                           | ion's exe                  | mnt nier                                | nose in Par                           | + YI\/                                  |   |   |
| 5            | During the year, did the organization solicit of  |                           |             |   |   |                            |   | 7000 IIII AI                          | t XIV.                                  |   |   |
| •            | to be sold to raise funds rather than to be m   |                           |             |   |   |                            |   | [                                     | Yes                                     | Γ   | 7   |
| Pai          | t IV Escrow and Custodial Arran   |                           |             |   |   |                            |   |                                       |   |   | _ No  |
| Limen        | reported an amount on Form 990, Pa  | rt X, line 21,            | oto ii oigi | arnizacion a                            | nowored to                              | 3 10 1 0                   | iii 550, i                              | arriv, iii le                         | 3, 01                                   |   |   |
| 1a           | Is the organization an agent, trustee, custod   |                           | liary for o | ontribution                             | ns or other as                          | eate no                    | t included                              | · · · · · · · · · · · · · · · · · · · |   |   |   |
|              | on Form 990, Part X?  |                           |             |   |   |                            |   |                                       | Yes                                     |   | No  |
| h            | If "Yes," explain the arrangement in Part XIV   |                           |             |   |   |                            |   | ∟                                     | _ res                                   |   | _) IAO  |
|              | 7 90, Oxplain the analigement in the XIII   | and complete the re       | moving t    | abic.                                   |   |                            |   | T                                     | ^ wa a                                  |   |   |
|              | Reginning halance   |                           |             |   |   |                            | 4-                                      | <del> </del>                          | Amour                                   | it  |   |
| ٥            | Beginning balance   |                           |             |   |   |                            |   | -                                     |   |   |   |
|              | Additions during the year   |                           |             |   |   |                            |   | -                                     |   |   |   |
| e<br>e       | Distributions during the year   |                           |             |   |   |                            |   |                                       |   | ************  |   |
| f<br>On      | Ending balance  | orm 000 Day V III-        |             |   |   |                            | 1f                                      | <u> </u>                              | 7                                       |   | <del></del>   |
|              | Did the organization include an amount on F If "Yes," explain the arrangement in Part XIV |                           | 217         | *************                           | *************************************** |                            |   | L                                     | _ Yes                                   | L   | _ No  |
|              | t V   Endowment Funds. Complete   |                           |             | Wastte Es                               | 000 12                                  | t) / 1'                    | 4.0                                     | ***********************               | *************************************** |   | nessens apreses March   |
| 1 (4)        | Lindowine it i direa. Complete  | I                         |             |   |   |                            |   |                                       | T                                       |   |   |
|              | m   | (a) Current year          |             | ior year                                | (c) Two yea                             |                            | (d) Three                               | years back                            | (e) Fou                                 | r years   | back  |
| 1a           | Beginning of year balance   |                           |             | 27288.                                  |   |                            | <u> </u>                                | <u> </u>                              | ļį                                      | 8.9 (3)   |   |
| b            | Contributions   | $\frac{1,634,105}{1,000}$ | 63.         | 1,492.                                  |   |                            |   |                                       | <u> </u>                                | - 3 , '   |   |
| C            | Net investment earnings, gains, and losses  | 1,309,539.                | -24.        | <u> 17739.</u>                          | <del> </del>                            |                            | 1 g                                     | 3.E.                                  |   | <i>a</i>  | ء<br><del>البنين لين</del>                                    |
| d            | Grants or scholarships  |                           |             |   | 4 - 1                                   |                            | vi<br><del>Transista</del>              | 1                                     | <u> </u>                                | ь <sup>н</sup> .  | 2 5 5 °<br><del>4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6</del> |
| е            | Other expenditures for facilities   |                           |             |   | 1                                       |                            |   |                                       |   |   |   |
|              | and programs  |                           |             |   |   |                            | 1.18,1                                  | <u> </u>                              | p. 27                                   |   |   |
| f            | Administrative expenses   |                           |             | ),324.                                  |   |                            |   |                                       |   | :   |   |
| g            | End of year balance   | 9,669,685.                | 8,17:       | L,903.                                  |   |                            |   |                                       |   |   |   |
| 2            | Provide the estimated percentage of the year  | ir end balance held a     | ıs:         |   |   |                            |   |                                       |   |   |   |
| а            | Board designated or quasi-endowment   | 63.00                     | %           |   |   |                            |   |                                       |   |   |   |
| b            | Permanent endowment > 37.00   | %                         |             |   |   |                            |   |                                       |   |   |   |
| С            | Term endowment >  | %                         |             |   |   |                            |   |                                       |   |   |   |
| За           | Are there endowment funds not in the posse  | ession of the organiza    | ation tha   | are held a                              | ınd administe                           | ered for t                 | he organ                                | ization                               |   |   |   |
|              | by:   |                           |             |   |   |                            |   |                                       |   | Yes   | No  |
|              | (i) unrelated organizations   | ************************* |             |   |   |                            |   |                                       | 3a(i)                                   |   | Х   |
|              | (ii) related organizations  |                           |             |   |   |                            |   |                                       |   |   | Х   |
| b            | If "Yes" to 3a(ii), are the related organization:   | s listed as required o    | n Sched     | ule R?                                  |   |                            |   |                                       | 3b                                      |   |   |
| 4            | Describe in Part XIV the intended uses of the   |                           |             |   | ******************                      | **********                 |   | ************                          |   |   | L   |
| Par          |   |                           |             |   | , Part X. line                          | 10.                        | **************************************  |                                       |   | EDITOR PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN 1 | ***************************************                       |
| toptoquisiti | Description of investment   | (a) Cost or o             |             | *************************************** | or other                                |                            | ccumulat                                | ed                                    | (d) Boo                                 | k valu  | Δ   |
|              |   | basis (investr            | I           |   | (other)                                 |                            | preciation                              |                                       | (4) 500                                 | it valu   | C   |
| 1a           | Land  |                           |             |   | 0,000.                                  |                            |   | -                                     | 9.7                                     | 0 0   | 00.   |
| b            | Buildings   |                           |             |   | 1,243.                                  | · Scritter in a control of | 513,8                                   | na l                                  | 4,74                                    |   |   |
|              | Leasehold improvements  |                           |             | J, 21 U                                 | <u> </u>                                |                            | <u>,,,</u>                              | 00.                                   | 4,/4                                    | ,, <del>u</del>   | 20.   |
|              |   |                           |             | E E                                     | 3,183.                                  |                            | 101 1                                   | 15                                    | 4 1"                                    | 2 ^   | <i>C</i> 0  |
|              | Equipment Other   |                           |             |   | J,10J.                                  |                            | 401,1                                   | 73.                                   | ТЭ                                      | <u> 4, U</u>  | 68.   |
|              | Other   |                           | V 25/11     | n /D) // 1                              | /O/al \                                 |                            |   |                                       | F 0.0                                   | 0 -   | ^ ~   |
| iotal        | . Add intes ita introdgit te, (Coldifilit (d) MUSE e                                      | quai roiin 990, Part      | A, COIUM    | н (в), Ilne 1                           | U(C).)                                  |                            |   |                                       | 5,86                                    | <u>7,5</u>  | <u>U3.</u>  |

Schedule D (Form 990) 2009

| ( ) December 1 in the control of the | ee Form 990, Part X, line               | 12.        |  |  |
|--|---|------------|--|--|
| (a) Description of security or category (including name of security)   | (b) Book value                          |            | (c) Method of valua<br>or end-of-year marl |  |
| nancial derivatives  |   |            |  |  |
| osely-held equity interests  |   |            |  |  |
| her  |   |            |  |  |
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| tal. (Col (b) must equal Form 990, Part X, col (B) line 12.)   | **************************************  |            |  | manus and a second   |
| art VIII Investments - Program Related.  | See Form 990, Part X, line              |            |  |  |
| (a) Description of investment type   | (b) Book value                          |            | c) Method of valua                         |  |
|  | 1                                       | Cost       | or end-of-year marl                        | et value   |
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| otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)  | · ·                                     |            | ·  |  |
| Part IX Other Assets. See Form 990, Part X, lin  |   |            | ·  |  |
| (a   | Description                             |            |  | (b) Book value   |
|  |   |            |  |  |
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| The state of the s |   |            |  |  |
| HANNAN TO THE THE THE TAXABLE PROPERTY OF TAXA |   |            |  |  |
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| stal (Column (h) must aqual Form 900. Part V. col (P) lin  | 0.15)                                   |            |  |  |
| otal. (Column (b) must equal Form 990, Part X, col (B) lin   | e 15.)                                  |            |  |  |
| Part X Other Liabilities. See Form 990, Part X   | e 15.), line 25.                        | (b) Amount |  |  |
| Part X Other Liabilities. See Form 990, Part X (a) Description of liability  | e 15.), line 25.                        | (b) Amount |  |  |
| Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  deral income taxes   | e 15.)<br>, line 25.                    |            |  | T T T T T T T T T T T T T T T T T T T  |
| Cart X Other Liabilities. See Form 990, Part X  (a) Description of liability  deral income taxes  IFT ANNUITIES PAYABLE  | line 25.                                | 1,233,814. |  | The second secon |
| Tart X Other Liabilities. See Form 990, Part X  (a) Description of liability  deral income taxes  IFT ANNUITIES PAYABLE  IABILITIES UNDER TRUST AGREE  | ine 25.                                 | 1,233,814. |  |  |
| Cart X Other Liabilities. See Form 990, Part X  (a) Description of liability  deral income taxes  IFT ANNUITIES PAYABLE  IABILITIES UNDER TRUST AGREE  | ine 25.                                 | 1,233,814. |  |  |
| Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  deral income taxes  IFT ANNUITIES PAYABLE  IABILITIES UNDER TRUST AGREE  | ine 25.                                 | 1,233,814. |  |  |
| Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  deral income taxes  IFT ANNUITIES PAYABLE  IABILITIES UNDER TRUST AGREE  | ine 25.                                 | 1,233,814. |  |  |
| Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  deral income taxes  IFT ANNUITIES PAYABLE  IABILITIES UNDER TRUST AGREE  | ine 25.                                 | 1,233,814. |  |  |
| Part X Other Liabilities. See Form 990, Part X  (a) Description of liability  deral income taxes  IFT ANNUITIES PAYABLE  IABILITIES UNDER TRUST AGREE  | ine 25.                                 | 1,233,814. |  |  |
| Part X Other Liabilities. See Form 990, Part X   | ine 25.                                 | 1,233,814. |  |  |

2. FIN 48 Footnote. In Part XIV, 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. 932053 02-01-10

OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. IF A TAX POSITION OR POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFIT IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS. UUSC HAS IDENTIFIED ITS TAX

932054 02-01-10

Schedule D (Form 990) 2009

# UNITARIAN UNIVERSALIST SERVICE

| Part XIV Supplemental Information (continued)  COMMITTEE INC 04-6186012 Page 5 |
|--|
| STATUS AS A TAX EXEMPT ENTITY AS A TAX POSITION; HOWEVER, UUSC HAS             |
| DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY            |
|  |
| REQUIRING RECOGNITION. UUSC IS NOT CURRENTLY UNDER EXAMINATION BY ANY          |
| TAXING JURISDICTION. UUSC'S FEDERAL AND STATE INCOME TAX RETURNS ARE           |
| GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED.       |
|  |
| PART XI, LINE 8 - OTHER ADJUSTMENTS:   |
| CHANGE IN VALUE OF SPLIT-INTEREST GIFTS: -165369.                              |
|  |
| PART XII, LINE 2D - OTHER ADJUSTMENTS:   |
| RENTAL EXPENSE: 184791.  |
|  |
| PART XIII, LINE 2D - OTHER ADJUSTMENTS:  |
|  |
|  |
| CHANGE IN VALUE OF SPLIT-INTEREST GIFTS: 165369.                               |
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#### Schedule F (Form 990)

### Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
UNITARIAN UNIVERSALIST SERVICE
COMMITTEE INC

Employer identification number

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

For grantmakers. 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? \_\_\_\_\_\_X Yes \_\_\_\_\_ No.

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

| (a) Region                             | (b) Number of offices | (c) Number of employees or   | dditional space is needed.) (d) Activities conducted in region (by type) (i.e., fundraising, | (e) If activity listed in (d) is a program service, | (f) Total<br>expenditures               |
|--|-----------------------|--|--|---|---|
|  | in the region         | agents in region   | program services, grants to recipients located in the region)                                | describe specific type<br>of service(s) in region   | for region                              |
|  |                       |  |  |   |   |
| CENTRAL AMERICA AND                    |                       | The state of the s | GRANTS TO RECIPIENTS   |   |   |
| THE CARIBBEAN                          | 0                     | 0_   | LOCATED IN THE REGION  | HUMANITARIAN ASSISTANCE                             | 149,011                                 |
|  |                       |  |  |   |   |
| EAST ASIA AND THE                      |                       |  | GRANTS TO RECIPIENTS   |   |   |
| PACIFIC                                | 0                     | 0  | LOCATED IN THE REGION  | HUMANITARIAN ASSISTANCE                             | 23,626                                  |
|  |                       |  |  |   |   |
| MIDDLE EAST AND                        |                       |  | GRANTS TO RECIPIENTS   |   |   |
| NORTH AFRICA                           | 0                     | 0  | LOCATED IN THE REGION  | HUMANITARIAN ASSISTANCE                             | 15,010                                  |
|  |                       |  |  |   |   |
| 370 F. 1977 - 3 h company on the       |                       | _  | GRANTS TO RECIPIENTS   |   |   |
| NORTH AMERICA                          | 0                     | 0  | LOCATED IN THE REGION  | HUMANITARIAN ASSISTANCE                             | 10,000                                  |
|  |                       |  | GRANTS TO RECIPIENTS   |   |   |
| SOUTH AMERICA                          | 0                     | 0  | LOCATED IN THE REGION  | HUMANITARIAN ASSISTANCE                             | 44,475                                  |
|  | -                     |  |  |   |   |
|  |                       |  | GRANTS TO RECIPIENTS   |   |   |
| SOUTH ASIA                             | 0                     | 0  | LOCATED IN THE REGION  | HUMANITARIAN ASSISTANCE                             | 40,867                                  |
|  |                       |  |  |   |   |
|  |                       |  | GRANTS TO RECIPIENTS   | Total Control                                       |   |
| SUB-SAHARAN AFRICA                     | 0                     | 00   | LOCATED IN THE REGION  | HUMANITARIAN ASSISTANCE                             | 212,291                                 |
|  |                       |  |  |   | 444                                     |
|  |                       |  |  |   |   |
| ************************************** |                       |  |  |   |   |
|  |                       |  |  |   | T-AAA-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T-T |
| Totals                                 |                       | 0  | y which is the species of  |   | 495 280                                 |

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

Schedule F (Form 990) 2009

Page 2

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COMMITTEE INC

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any 04-6186012 Schedule F (Form 990) 2009

recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed.

| (a) N   | 1<br>(a) Name of organization   | (b) IRS code section<br>and EIN (if applicable)                         | (c) Region  | (d) Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of<br>cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|---|---|---|---|--|-----------------------------|------------------------------------|-----------------------------------|--|---|
| Venganasin adalova  |   |   | CENTRAL AMERICA<br>AND THE CARRIBEAN                            | HUMANITARIAN<br>ASSISTANCE   | 149,011.                    | WIRE TRANSFER                      | 0                                 |  |   |
| Alexander   |   |   | EAST ASIA AND THE<br>PACIFIC                                    | HUMANITARIAN<br>ASSISTANCE   |                             | WIRE TRANSFER                      | O                                 |  |   |
| дей-денерация денерация денерация денерация денерация денерация денерация денерация денерация денерация денера  |   |   | MIDDLE EAST AND<br>NORTH AFRICA                                 | HUMANITARIAN<br>ASSISTANCE   | 010.                        | WIRE TRANSFER                      | 0                                 |  |   |
| The second control of | s   | , S #   | NORTH AMERICA   | HUMANITARIAN<br>ASSISTANCE   | 10,000.                     | WIRE TRANSFER                      | .0                                |  |   |
|   |   | rae Di go   | SOUTH AMERICA   | HUMANITARIAN<br>ASSISTANCE   | 44,475,                     | WIRE TRANSFER                      |                                   |  |   |
|   |   | -   | SOUTH ASIA  | HUMANITARIAN<br>ASSISTANCE   | 40,867.                     | 40,867. WIRE TRANSFER              | 0                                 |  |   |
|   |   | . 1   | SUB-SAHARAN<br>AFRICA   | HUMANITARIAN<br>ASSISTANCE   | 212,291.                    | 212,291, WIRE TRANSFER             | 0                                 |  |   |
|   |   |   |   |  |                             |                                    |                                   |  |   |
| 8 2   | Enter total number of recipient organizations listed a<br>the IRS, or for which the grantee or counsel has pro<br>Enter total number of other organizations or entities | recipient organization<br>he grantee or counse<br>other organizations c | ns listed above that are nel has provided a sectior or entities | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities | foreign country, I          | recognized as tax-ex               | empt by                           |  | 20  |

932072 02-01-10

Schedule F (Form 990) 2009

# UNITARIAN UNIVERSALIST SERVICE

COMMITTEE INC Schedule F (Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. 04-6186012

Page 3

Use Schedule F-1 (Form 990) 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<br>non-cash<br>assistance  | (g) Description of non-cash assistance   | (h) Method of valuation (book, FMV, |
|---------------------------------|------------|--------------------------|--------------------------|--|--|--|-------------------------------------|
|                                 |            |                          |                          |  |  |  | appraisal, orner)                   |
|                                 |            |                          |                          |  |  |  |                                     |
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|                                 |            |                          |                          | The state of the s | -  | - The second sec |                                     |

Schedule F (Form 990) 2009

#### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

UNITARIAN UNIVERSALIST SERVICE

Employer identification number

COMMITTEE INC 04-6186012

| Part I Fundraising Activities required to complete this pa   | S. Complete if the organization a<br>art.   | nswered "\  | 'es" to                            | Form 990, Part IV,   | ine 17. Form 990-EZ  | ' filers are not  |
|--|---|---|------------------------------------|--|--|---|
| <ul> <li>Indicate whether the organization real</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990,</li> </ul> | e X Sol f Sol g Spol or oral agreement with any indiv Part VII) or entity in connection w | licitation of<br>licitation of<br>ecial fundra<br>idual (includ<br>vith profess | non-g<br>gover<br>aising<br>ding o | overnment grants nment grants events fficers, directors, tru- undraising services? | stees or X Yes   |   |
| b If "Yes," list the ten highest paid in<br>compensated at least \$5,000 by the  |   | pursuant to   | agre                               | ements under which   | the fundraiser is to   | be  |
| (i) Name of individual or entity (fundraiser)  | (ii) Activity   | (iii)<br>fundr<br>have c<br>or con<br>contrib                                   | ustody<br>itrol of                 | (iv) Gross receipts from activity  | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i)   | (vi) Amount paid<br>to (or retained by)<br>organization |
| SHARE GROUP  | PHONE   | Yes   | No<br>X                            | 268,698.   | 99,955.  | 168,743.  |
|  |   |   |                                    |  |  |   |
|  |   |   |                                    |  |  |   |
|  |   |   |                                    |  |  |   |
|  |   |   |                                    |  |  |   |
|  |   |   |                                    |  | The Control of the Co |   |
| y.   |   |   |                                    |  |  |   |
| Total  3 List all states in which the organizati   |   | light funds of  |                                    | 268,698.   | 99,955.  | 168,743.  |
| MN, RI, HI, OK, FL, CO, WI, CT, ME, GA, IL, KS, KY, MD   | ,DC,AK,AR,AL,UT,W   | W,MA,   | PA,                                | SC, CA, IN, N  | C, NH, NY, OH  | on or licensing.  |
|  |   |   |                                    |  |  |   |
|  |   |   |                                    |  |  |   |
|  |   |   |                                    |  |  |   |
|  |   |   |                                    |  |  |   |

932081 02-03-10

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Schedule G (Form 990 or 990-EZ) 2009

#### UNITARIAN UNIVERSALIST SERVICE

Schedule G (Form 990 or 990-EZ) 2009 COMMITTEE INC

| 04 - | 61 | 8.6 | 01 | 2 | Page | 2 |
|------|----|-----|----|---|------|---|
|      |    |     |    |   |      |   |

|                 |             | on Form 990-EZ, line 6a. List events with  |                          |  | 4.3.04             |                  |     |
|-----------------|-------------|--|--------------------------|--|--------------------|------------------|-----|
|                 |             |  | (a) Event #1             | (b) Event #2                                     | (c) Other events   | (d) Total eve    |     |
| <u>e</u>        |             | ·  | (event type)             | (event type)                                     | (total number)     | col. (c))        |     |
| Hevenue         |             |  |                          |  |                    |                  |     |
| , de            | 1           | Gross receipts   |                          |  |                    |                  |     |
|                 | _           | Lance Of a Walter and Tark   |                          |  |                    |                  |     |
| 1               | 2           | Less: Charitable contributions   |                          |  |                    |                  |     |
| ا :             | 3           | Gross income (line 1 minus line 2)   |                          |  |                    |                  |     |
| Ť               | <u>~</u>    | Zinese interne (internet internet inter |                          |  |                    |                  |     |
| 4               | 4           | Cash prizes  |                          |  |                    |                  |     |
|                 |             |  |                          |  |                    |                  |     |
| 8               | 5           | Noncash prizes   |                          |  |                    |                  |     |
| 0               | _           | David Mary 1911  |                          |  |                    |                  |     |
| nieci Expenses  | 6           | Rent/facility costs  |                          |  |                    |                  |     |
| รู .            | 7           | Food and beverages   |                          |  |                    |                  |     |
| 5               | •           | , ood and bovorages  |                          |  |                    |                  |     |
| 1               | 8           | Entertainment  |                          |  |                    |                  |     |
| 9               | 9           | Other direct expenses  |                          |  |                    |                  |     |
| 1               | Ю           | Direct expense summary. Add lines 4 through  |                          |  |                    |                  |     |
|                 | 11          | Net income summary. Combine line 3, colum  | n (d), and line 10       |  | <u></u>            |                  |     |
| ar              | T I         | - Linear  | answered "Yes" to For    | rm 990, Part IV, line 19, or                     | reported more than |                  |     |
|                 |             | \$15,000 on Form 990-EZ, line 6a.  |                          | A L Dull to be final out                         | T                  |                  |     |
| פאפוומאפרו      |             |  | (a) Bingo                | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming   | (d) Total gaming | • • |
| 0               |             |  |                          | bingo/progressive binge                          |                    | cor. (a) through |     |
| -   .           | 4           | Gross revenue  |                          |  |                    |                  |     |
| T               | 1           |  |                          |  |                    |                  |     |
| , 4             | 2           | Cash prizes  |                          |  |                    |                  |     |
|                 |             |  |                          |  |                    |                  |     |
| 3 3             | 3           | Noncash prizes   |                          |  |                    |                  |     |
| 3               |             |  |                          |  |                    |                  |     |
| Sacribalization | 4           | Rent/facility costs  |                          |  |                    |                  |     |
| ١.              | per.        | Other divert evennes   |                          |  |                    |                  |     |
| +               | 5           | Other direct expenses  |                          | )/   Vaa 9/                                      | V 0/               |                  |     |
|                 | 6           | Volunteer labor  | Yes9                     | %   Yes % No                                     | Yes %              | 1                |     |
|                 | U           | Voidifico idooi  | I NO                     | ILLUI NO   | I NO               |                  |     |
| 7               | 7           | Direct expense summary. Add lines 2 through  | n 5 in column (d)        |  | <b>&gt;</b>        | 1                |     |
|                 |             | •  |                          |  | ,                  |                  |     |
|                 | <u>B</u>    | Net gaming income summary. Combine line 1  | , column (d), and line   | 7  | <b>&gt;</b>        |                  |     |
|                 |             |  |                          |  |                    | Yes              | No. |
|                 |             | er the state(s) in which the organization opera  |                          | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~          |                    |                  | ŀ   |
|                 |             | ne organization licensed to operate gaming ac  | tivities in each of thes | e states?  |                    | 9a               | -   |
| b II            | <b>፣</b> "ቦ | No," explain:  |                          |  |                    |                  |     |
|                 |             |  | •                        |  |                    |                  |     |
| _               |             |  | evoked, suspended or     | terminated during the tax                        | vear?              | 10a              |     |
| -<br>-<br>V e£  | Ne.         | re any of the organization's daming licenses re  |                          | torrimated during the tax                        | your:              | 10a              | -   |
|                 |             | re any of the organization's gaming licenses re<br>/es," explain:  | •                        |  |                    |                  | 1   |
|                 |             | re any of the organization's gaming licenses re  |                          |  |                    | 144.1            |     |
|                 |             |  |                          |  |                    | 1 d.a., 1        |     |
| b If<br>        | f "`\       |  |                          |  |                    |                  |     |

#### UNITARIAN UNIVERSALIST SERVICE

| Schedule G (Form 990 or 990-EZ) 2009 COMMITTEE INC   | 04-6186                               | 012  | Page 3       |
|--|---------------------------------------|------|--------------|
|  |                                       | Ye   | es No        |
| 13 Indicate the percentage of gaming activity operated in:   |                                       |      | ŀ            |
| a The organization's facility  | %                                     |      |              |
| b An outside facility13b   | %                                     |      | ŀ            |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and record   | :et                                   |      |              |
| NI Bo  |                                       |      |              |
| Name Name  |                                       |      |              |
| Address >  |                                       |      |              |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   | 1                                     | 5a   |              |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount  | · · · · · · · · · · · · · · · · · · · |      |              |
| of gaming revenue retained by the third party \(\bigs\) \(\bigs\)  | ant                                   |      |              |
| c If "Yes," enter name and address of the third party:   | :                                     |      |              |
| ,,,,,,,, .   |                                       |      |              |
| Name 🕨   | incommittation.                       |      |              |
|  |                                       | 7    |              |
| Address >  |                                       |      | .=           |
|  |                                       | 4    |              |
| 16 Gaming manager information:   |                                       | :    | n = "        |
| Name 🔛   |                                       |      |              |
| Name   |                                       |      |              |
| Gaming manager compensation > \$   | in the second                         |      | 1 21 1       |
| WILLIAM STATE OF THE STATE OF T |                                       |      | and a second |
| Description of services provided   | -                                     |      | 4 Pa         |
|  |                                       | . 1  | - Ji.        |
|  |                                       |      | - ]          |
|  |                                       | ľ    |              |
| Director/officer Employee Independent contractor   |                                       |      |              |
|  |                                       |      | 25           |
| 17 Mandatory distributions:  |                                       |      |              |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to  |                                       | _    | 1.           |
| retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i  | 1                                     | 7a   |              |
| organization's own exempt activities during the tax year \$\infty\$  | n the                                 | 10 L | 4            |
| organization of anni organization during the tax year 💌 🗇  |                                       |      |              |

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE (Form 990) Pepartment of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

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

Open to Public Inspection

ž IDUCATION TOOLS FOR IMAMS ALLIANCES AND SUPPORT AND SOUTHERN CRESCENT" STATE Employer identification number 04-6186012 O IMPROVE WOMENS SAFETY STRATEGY FOR LIVING WAGE IMPROVE PUBLIC ACCESS TO SENTRAL AMERICA THROUGH RAIN WOMEN WORKERS IN PRAIN WOMEN WORKERS IN CAMPAIGN AND IMPLEMENT (h) Purpose of grant UBLIC EDUCATION AND EGISLATIVE ADVOCACY IORTHWEST ARKANSAS or assistance WATER BY AWARENESS ABOR SCHOOLS AND EGIONAL MEETINGS DEVELOP COMMUNITY X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any RGANIZING IN DARFUR 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, 0 0 0 C ō Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant 22,856, 34,400 20,000 7 000 10 000 23,500 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. UNITARIAN UNIVERSALIST SERVICE (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations ... 501(C)(3) 501(C)(3) 501(C)(3) 26-1545982 | 501(C)(3) 501(C)(3) 501(C)(3) 11-3840138 04-3454144 26-2888798 36-4275984 26-2888798 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? COMMITTEE Enter total number of other organizations 1 (a) Name and address of organization PEACEFUL FAMILY PROJECT, UNIFEM JUSTICE CENTER - 2200 W SUNSET AGAINST TORTURE - 316 F ST, NE NORTHWEST ARKANSAS WORKER'S #B-4 - SPRINGDALE, AR 72762 MASSACHUSETTS GLOBAL ACTION NATIONAL RELIGIOUS CAMPAIGN s. INDIANA AVE., SUITE 606 or government HARRISON AVE, 4TH FLOOR GERAT FALLS, VA 22066 WASHINGTON, DC 20010 WASHINGTON, DC 20002 Name of the organization 1525 NEWTON ST. NW CHICAGO, IL 60605 LET JUSTICE ROLL BOSTON, MA 02111 PO BOX 771 Part Part

Schedule I (Form 990) 2009

Page 2

04-6186012

COMMITTEE INC

Schedule I (Form 990) 2009

PartIII

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) A FULL NARRATIVE AND FINANCIAL REPORT IS REQUESTED THAT DOCUMENTS HOW THE Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. THE FUNDS WERE USED. MONITORING AND EVALUATION OF THE PROJECT IS ONGOING LINE 2: EACH GRANT HAS A TERM LIMIT. AT THE END OF (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THROUGHOUT THE TERM OF THE GRANT. (a) Type of grant or assistance PART I, SCHEDULE I, Part IV TERM,

SCHEDULE 1-1 (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

Open to Public

OMB No. 1545-0047

Schedule I-1 (Form 990) 2009 ROMOTING CIVIL LIBERTIES OF HEALING FOR TRUTH AND INTERNATION COMMUNITIES JUSTICE & EDUCATION AND IDENTIFYING ALTERNATIVE CCOUNTABILITY PROJECT. FOR AMPLIFY THE VOICES OF TOINT BLOCK GRANT FOR (h) Purpose of grant or assistance INDERTAKE GRASSROOTS EARTHQUAKE SURVIVORS IMMEDIATE RELIEF FOR Inspection Employer identification number 04-6186012IN THE MIDDLE EAST HAITIAN GRASSROOTS SURVIVORS & RELIEF REPAIR AND REBUILD ILLITARY FAMILIES. STRATEGIES IN GAZA CTIVIST CAPACITY TRAUMA RESILIENCY ARRIVING IN RURAL HAITI EARTHQUAKE RGANIZATIONS IN SMERGENCY RELIEF OMMUNITIES ULLDING ORKERS. (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, 0 (e) Amount of non-cash assistance o. Ö o Ö o 0 o (d) Amount of cash grant 500 500 20,634 20,000 30,180 50,000 7,950 51,647 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. UNITARIAN UNIVERSALIST SERVICE (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 23-1352010 501(C)(3) 501(C)(3) 50I(C)(3) 501(C)(3) 52-1843357 20-2420669 06-1163452 20-3795056 30-0060696 52-2277575 30-0430799 (b) EIN INC COMMITTEE AMERICAN FRIENDS SERVICE COMMITTEE SUPPORT - 4121 HAREWOOD ROAD, NE, UU MASSACHUSETTS ACTION NETWORK SUITE B - WASHINGTON, DC 20017 TORTURE ABOLITION & SURVIVOR ACTION AID INTERNATIONAL USA (a) Name and address of organization or government MILITARY FAMILIES SPEAK OUT TRAUMA RESOURCE INSTITUTE 1420 K ST, NW, SUITE 900 JAMAICA FLAIN, MA 02130 PHILADELPHIA, PA 19102 WASHINGTON, DC 20036 WASHINGTON, DC 20036 WASHINGTON, DC 20005 Name of the organization LAMBI FUND OF HAITI SANTA FE, NM 87501 270 LOMA ENTRADA Department of the Treasury Internal Revenue Service ACTON MA 01720 1501 CHERRY ST. PO BOX 300549 M ST, NW #243 76 WILLOW ST. PO BOX 18955 AIC/HAMSA

35

932241 02-01-10

Schedule I-1 (Form 990) 2009 REBUILDING LOVE THROUGH Open to Public Inspection OMB No. 1545-0047 Ø (h) Purpose of grant or assistance BUILDING CAPACITY OF URAL SOUTHERN PECAN Employer identification number 04-6186012 SENDER SENSITIVE IVELIHOODS. 30-0P (g) Description of non-cash assistance Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) (e) Amount of non-cash assistance o Ö (d) Amount of cash grant 5,000. 6,000, For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. UNITARIAN UNIVERSALIST SERVICE (c) IRC section if applicable 501(C)(3) 27-0106848 04-2103594 (b) EIN COMMITTEE INC SOUTHERN ALTERNATIVES AGRICULTURAL COOPERATIVE - PO BOX 426 - LESLIE 3-173, 77 MASSACHUSETTS AVE. TECHNOLOGY - D-LAB, MIT ROOM (a) Name and address of organization or government MASSACHUSETTS INSTITUTE OF Name of the organization CAMBRIDGE, MA 02139 Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990) GA 31764 LHA

#### **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" to Form 990,
Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number 04-6186012

|     |  |               | Yes                                   | No       |
|-----|--|---------------|---------------------------------------|----------|
| 1a  | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,   |               |                                       |          |
|     | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.   |               |                                       | -        |
|     | First-class or charter travel  |               |                                       |          |
|     | Travel for companions Payments for business use of personal residence  | -             |                                       |          |
|     | Tax indemnification and gross-up payments  Health or social club dues or initiation fees   |               | 100                                   |          |
|     | Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)  | 12            | . "                                   |          |
|     |  |               |                                       |          |
| h   | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  |               |                                       | į        |
|     | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   | 1b            |                                       | 1        |
| 2   | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,   | 10            |                                       |          |
| -   |  | 2             |                                       |          |
|     | trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  | 2             |                                       |          |
| 3   | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's   |               |                                       |          |
| ٠   | CEO/Executive Director. Check all that apply.  | 5:            |                                       |          |
|     | Compensation committee     Written employment contract   | in the second | 4                                     | .,       |
|     |  |               | - (                                   |          |
|     | X Independent compensation consultant X Compensation survey or study   |               | , Dt.                                 | 1. 数4    |
|     | X Form 990 of other organizations X Approval by the board or compensation committee  |               |                                       | N. S. a. |
| а   | Design the core of the core of the district to the core of the district to the core of the | -             | i                                     |          |
| 4   | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing   |               |                                       | 4        |
|     | organization or a related organization:  | 453           |                                       | , i      |
| a   | Receive a severance payment or change-of-control payment?  | 4a            | <u>X</u>                              |          |
| 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.  |               | . 1                                   |          |
|     |  |               | 3                                     |          |
|     | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.  |               |                                       |          |
| 5   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  | 1             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4        |
|     | contingent on the revenues of:   | 4             | . E                                   |          |
|     | The organization?  | 5a            |                                       | X        |
| b   | Any related organization?  | 5b            |                                       | X        |
|     | If "Yes" to line 5a or 5b, describe in Part III.   | 4             |                                       | 14.      |
| 6   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation  |               | . 1. 1                                | - 4      |
|     | contingent on the net earnings of:   | **            | 2 100                                 | 1864     |
| а   | The organization?  | 6a            |                                       | X        |
| b   | Any related organization?  | 6b            |                                       | X        |
|     | If "Yes" to line 6a or 6b, describe in Part III.   |               |                                       | -        |
| 7   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  |               |                                       |          |
|     | not described in lines 5 and 6? If "Yes," describe in Part III   | 7             |                                       | X        |
| 8   | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the  |               |                                       |          |
|     | initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III  | 8             |                                       | X        |
| 9   | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in   |               |                                       |          |
| *** | Regulations section 53.4958-6(c)?  | 9             |                                       |          |

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

Schedule J (Form 990) 2009

04-6186012

COMMITTEE

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2009

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| AMERICAN CONTRACTOR CO |                     |  |  |  |  |  |  |  |
|--|---------------------|--|--|--|--|--|--|--|
|  |                     | (B) Breakdown of   | (B) Breakdown of W-2 and/or 1099-MISC compensation   | SC compensation  | (C)  | (D)  | (E)  | (F)  |
| (A) Name   |                     | (i) Base<br>compensation   | (ii) Bonus & incentive compensation  | (iii) Other<br>reportable<br>compensation  | other deferred<br>compensation   | Normaxable<br>benefits   | (B)(l)-(D)   | reported in prior<br>Form 990 or<br>Form 990-EZ  |
|  | 8                   | 155,62   | 0  | 0.   | 14,917.  | 31,068.  | 201,605.   | • 0  |
| CHARLES L. CLEMENTS  | (E)                 | 0  | 0  | 0  | 0  | 0  | c  | 0  |
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|  | 8                   | -  | 4444   | AND THE PROPERTY OF THE PROPER |  |  |  |  |
|  | (3)                 | A PARTICIPATION AND A PART |  |  |  |  |  | The second secon |
|  | $\odot$             |  |  |  | And the state of t |  | The state of the s |  |
|  | (1)                 |  |  |  |  |  |  |  |
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# UNITARIAN UNIVERSALIST SERVICE

Page 3 04-6186012 COMMITTEE INC Schedule J (Form 990) 2009

Part III | Supplemental Information

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

| IVED A SEVERANCE PAYMENT OF \$28,325  | .N.T.  |  |  |  |  |  |  |  |  | Schedule J (Form 990) 2009 |
|---|--|--|--|--|--|--|--|--|--|----------------------------|
| PART I, LINE 4A: CHARLES L. CLEMENTS RECEIVED A SEVERANCE PAYMENT OF \$28,325 | IN 2010 FOLLOWING TERMINATION OF EMPLOYMENT. |  |  |  |  |  |  |  |  |                            |

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 2009 Open to Public Inspection

(h) On behalf Employer identification number Š of issuer M 2 Š Yes Ш ш 04-618601 (g) Defeased Yes Yes Ž × Yes Š Ž OFFICE (f) Description of purpose Kes. Yes Q Fi Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990). PURCHASE 500,000.BUILDING Ž Š O ပ CONTINUATIONS Kes Yes (e) Issue price Attach to Form 990. See separate instructions. 2 Š ന  $\alpha$ 1 (d) Date issued 05/17/07 (F) Yes Yes O FOR COLUMN 47,000 3,453,000 500,000 ş 2 × 2009 UNIVERSALIST SERVICE × (c) CUSIP# NONE رب ب Yes Yes × SCHEDULE AGEN04-3431814 (b) Issuer EIN Does the organization maintain adequate books and records Was the organization a partner in a partnership, or a member Were the bonds issued as part of a current refunding issue? Were the bonds issued as part of an advance refunding SEE Has the final allocation of proceeds been made? Proceeds in refunding or defeasance escrows Working capital expenditures from proceeds UNITARIAN to support the final allocation of proceeds? COMMITTEE A DEVELOPMENT FINANCE Capital expenditures from proceeds Gross proceeds in reserve funds Year of substantial completion Issuance costs from proceeds (a) Issuer name Private Business Use Other unspent proceeds MASSACHUSETTS Total proceeds of issue Name of the organization Bond Issues Proceeds Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990) Part III Part I PartII S 4 N က 9  $\infty$ B O  $\Box$ ш ග 9 2

932121 02-03-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Folid 990.

Are there any lease arrangements with respect to the financed

property which may result in private business use?

of an LLC, which owned property financed by tax-exempt

bonds?

Q

×

UNITARIAN UNIVERSALIST SERVICE

Page 2 % % % Schedule K (Form 990) 2009 2 2 Z ш ш Šes % % %  $\frac{\circ}{z}$ Ž Ω Yes Yes 04-6186012 % % % Ž Ž O Yes Yes % % % 2 Š മ Kes Yes % % % 2 2 × × 00 00 × × × 00 M × XX Yes Yes À business use as a result of unrelated trade or business activity d Was the regulatory safe harbor for establishing the fair market to the financed property which may result in private business 3a Are there any management or service contracts with respect financed property which may result in private business use? other outside counsel to review any management or service Enter the percentage of financed property used in a private Enter the percentage of financed property used in a private Penalty in Lieu of Arbitrage Rebate, been filed with respect Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its contracts or research agreements relating to the financed 3a Has the organization or the governmental issuer identified carried on by your organization, another section 501(c)(3) Does the organization routinely engage bond counsel or a hedge with respect to the bond issue on its books and Were any gross proceeds invested beyond an available Are there any research agreements with respect to the business use by entities other than a section 501(c)(3) 6 Did the bond issue quality for an exception to rebate? 932122 02-03-10 COMMITTEE organization, or a state or local government organization or a state or local government 4a Were gross proceeds invested in a GIC? Part III Private Business Use (Continued) Is the bond issue a variable rate issue? property?.... tax-exempt bond liabilities? value of the GIC satisfied? Schedule K (Form 990) 2009 Total of lines 4 and 5 c Term of hedge ...... to the bond issue? temporary period? b Name of provider b Name of provider Part IV Arbitrage c Term of GIC records? .0 ပ 4 'n 9 T) N

### SCHEDULE O (Form 990)

# Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number 04-6186012

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UUSC ADVANCES HUMAN RIGHTS AND SOCIAL JUSTICE AROUND THE WORLD,

PARTNERING WITH THOSE WHO CONFRONT UNJUST POWER STRUCTURES AND

MOBILIZING TO CHALLENGE OPPRESSIVE POLICIES.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT OF THE FORM 990 IS

DISCUSSED AND REVIEWED WITH THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES

FOR THEIR COMMENTS, INPUT AND APPROVAL. ALL THE MEMBERS OF THE GOVERNING

BODY RECEIVE EITHER A HARD COPY OR AN ELECTRONIC COPY OF THE FORM 990

BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: UUSC REGULARLY AND CONSISTENTLY

MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY WHICH

COVERS ALL STAFF AND THE BOARD OF TRUSTEES. IN DOING SO, ALL DECISIONS

(FINANCIAL OR NON-FINANCIAL) ARE SCRUTINIZED TO ENSURE THAT THEY ARE NOT

SELF-SERVING WITH RESPECT TO UUSC PERSONNEL OR MEMBERS OF THE BOARD OF

TRUSTEES. HUMAN RESOURCES DECIDES IF A CONFLICT OF INTEREST EXISTS FOR UUSC

PERSONNEL AND ELEVATES THE MATTER TO THE PRESIDENT/CEO OR THE PRESIDENT OF

THE BOARD OF TRUSTEES AS APPROPRIATE. THE BOARD COMPLETES A CONFLICT OF

INTEREST FORM ANNUALLY WHICH IS THEN SHARED WITH THE FULL BOARD. ANY

CONFLICTED INDIVIDUAL IS PROHIBITED FROM VOTING OR MAKING ANY DECISIONS

RELATED TO THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE

PRESIDENT/CEO IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE THE BOARD

OF TRUSTEES, ALL OF WHOM ARE INDEPENDENT OF THE PRESIDENT/CEO. THE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009

932211

932211

922-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public
Inspection

Name of the organization

UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number 04-6186012

COMPENSATION IS DETERMINED BY REFERENCE TO COMPARABILITY DATA. THE

PRESIDENT/CEO'S COMPENSATION IS REVIEWED AND POTENTIALLY ADJUSTED ANNUALLY

UPON BOARD APPROVAL. THE ORGANIZATION MAINTAINS CONTEMPORANEOUS

DOCUMENTATION OF THE DELIBERATION AND DECISION. COMPENSATION FOR OTHER

OFFICERS IS DETERMINED BY THE PRESIDENT/CEO. SUCH COMPENSATION IS SIMILARLY

DETERMINED BY REFERENCE TO COMPARABILITY DATA.

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

CA,CO,CT,DC,FL,GA,HI,IL,IN,KS,KY,LA,ME,MD,MA,MI,MN,NH,NJ,NM,NY,NC,OH,OK,OR

PA,RI,SC,TN,UT,VA,WA,WV,WI,AL,AZ,AK,AR

FORM 990, PART VI, SECTION C, LINE 19: UUSC MAKES ITS GOVERNING DOCUMENTS,

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE

PUBLIC BY PUBLISHING THEM ON ITS WEBSITE. ADDITIONALLY, THE FORM 990 AND

FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE MASSACHUSETTS ATTORNEY

GENERAL'S WEBSITE AND WWW.GUIDESTAR.ORG.

SCHEDULE K, PART I, BOND ISSUES:

- (A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINANCE AGENCY
- (B) DESCRIPTION OF PURPOSE: PURCHASE OF OFFICE BUILDING

FORM 990, PART III, LINE 4A:

HUMAN RIGHTS PROGAMS - I. ENVIRONMENTAL JUSTICE

FOCUSES ON THE HUMAN RIGHT TO WATER: SUFFICIENT, SAFE, ACCEPTABLE,

PHYSICALLY ACCESSIBLE AND AFFORDABLE WATER FOR PERSONAL AND DOMESTIC

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

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OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number 04-6186012

USE. THE HUMAN RIGHT TO WATER HAS BEEN RECOGNIZED IN INTERNATIONAL TREATIES AND NATIONAL CONSTITUTIONS SINCE 2002. HOWEVER, THIS RIGHT IS STILL EVOLVING AND IS BEING ERODED BY THE INCLUSION OF WATER AND OTHER ESSENTIAL SERVICES AS COMMODITIES IN INTERNATIONAL TRADE TREATIES AND CONVENTIONS. UUSC WORKS WITH PARTNERS AND COLLEAGUE ORGANIZATIONS TO GUARANTEE THAT INAPPROPRIATE PRIVATIZATION OR PUBLIC SERVICE SCHEMES DO NOT THREATEN PROGRAM SERVICE ACCOMPLISHMENTS AND PEOPLE'S RIGHT TO ACCESS SAFE, AFFORDABLE WATER. UUSC SUPPORTS EFFORTS TO DEVELOP ALTERNATIVE WATER SERVICES MODELS THAT MEET THE HUMAN RIGHT TO WATER WHILE PROMOTING SUSTAINABLE USE OF WATER RESOURCES. THE DEMOCRATIC PARTICIPATION AND CITIZEN INVOLVEMENT IN WATER SERVICES (WATER AND SEWERAGE) AT THE COMMUNITY, LOCAL, STATE, NATIONAL AND INTERNATIONAL LEVELS ARE CRITICAL TO THE PROMOTION AND PROTECTION OF THE HUMAN RIGHT TO WATER AND ARE A PART OF THE PROGRAM FOCUS WHERE DEPLETION CAUSED BY OVER-EXTRACTION, OR CLIMATE CHANGE CREATES CONFLICTS CONTAMINATION, OVER WATER. UUSC WORKS WITH PARTNERS TO INFLUENCE PUBLIC POLICY SO THAT EVERYONE WILL HAVE ACCESS TO SAFE AND AFFORDABLE WATER. THE PROGRAM INCLUDES HUMAN RIGHTS RESEARCH, GRANTING, TECHNICAL ASSISTANCE, PUBLICATION, AND PUBLIC EDUCATION. THE GEOGRAPHIC FOCUS OF OUR PROGRAM INCLUDES THE AMERICAS, AFRICA, AND ASIA.

UUSC IS WORKING WITH A FEDERATION OF UNIONS OF WATER WORKERS IN PERU TO

DEVELOP ALTERNATIVES FOR MODERNIZING THE COUNTRY'S WATER AND SANITATION

SERVICES. IN BOLIVIA WE ARE WORKING WITH A FEDERATION OF NEIGHBORHOOD

ORGANIZATIONS IN EL ALTO TO PARTICIPATE IN THE CREATION OF A PUBLICLY

OWNED AND MANAGED WATER SUPPLY SYSTEM. WE ARE WORKING WITH THE TANZANIA

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

Schedule O (Form 990) 2009

932211

932211

(Form 990)

# Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number 04-6186012

GENDER NETWORKING PROGRAM TO MAINSTREAM THE GENDER ISSUES FOR WOMEN AND GIRLS RELATED TO WATER SERVICES, IN PARTICULAR THE BUDGETING. IN ECUADOR, WE WORK WITH CHILDREN AND YOUTH GROUPS TO ADDRESS THE WATER SERVICES PROBLEMS IN LOW INCOME NEIGHBORHOODS IN THE URBAN AREAS OF GUAYAQIL. IN SOUTH AFRICA, WE ARE WORKING WITH A CITIZEN'S GROUP TO SUPPORT THE IMPLEMENTATION OF THE SOUTH AFRICAN CONSTITUTIONAL RIGHT TO WATER IN POOR URBAN NEIGHBORHOODS. IN THE PHILIPPINES, WE ARE SUPPORTING RESEARCH AND EDUCATION ON THE RIGHT TO WATER IN THE REGION. IN ARGENTINA, WE FUND SUPPORT FOR A LOW INCOME LAW CLINIC, WHERE STUDENTS LEARN ABOUT THE HUMAN RIGHT TO WATER AND WORK ON CASES WHERE THE POOR, ESPECIALLY WOMEN, DO NOT HAVE ACCESS TO WATER SERVICES. IN GUATEMALA, WE ARE WORKING WITH THE COMMISSION FOR PEACE AND ECOLOGY (COPAE). TO PROTECT THE INDIGENOUS PEOPLES AND COMMUNITIES OF THE SAN MARCOS REGION OF GUATEMALA FROM THE ADVERSE IMPACTS OF GOLD MINING ACTIVITIES ON THE ENVIRONMENT. ALSO IN GUATEMALA, UUSC IS WORKING WITH MOLB'EEMKIB'RI TINMIT RECH AB'YA YALA (ASSOCIATION OF INDIGENOUS PEOPLES OF THE AMERICAS - (SIPAKAPA) ON HUMAN RIGHTS, PARTICULARLY THE ENVIRONMENTAL ASPECTS OF HUMAN RIGHTS, INCLUDING WATER. IN MEXICO, UUSC WORKS WITH HABITAT INTERNATIONAL COALITION (HIC-AL) ON THE HUMAN RIGHT TO WATER IN MEXICO PROJECT. IN KENYA, UUSC IS WORKING WITH THE SOIL FARM MULTICULTURE GROUP ON THE HOPE IN CROPS PROJECT, A GRASSROOTS MITIGATION/ADAPTATION/LIVELIHOOD PROJECT THAT ASSISTS SMALL RURAL COMMUNITIES WITH THE IMPACTS OF CLIMATE CHANGE.

IN THE UNITED STATES, WE ARE WORKING WITH MASSACHUSETTS GLOBAL ACTION

TO PROVIDE EDUCATIONAL RESOURCES FOR CITIZENS TO EVALUATE THE PUBLIC

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITARIAN UNIVERSALIST SERVICE

Employer identification number

COMMITTEE INC 04-6186012 AND PRIVATE WATER SERVICES ALTERNATIVES IN GREATER METRO BOSTON AND RESEARCH ABOUT THE DISCRIMINATORY POLICIES AFFECTING LOW INCOME RESIDENTS IN BOSTON WATER AND SEWER'S SERVICE AREA. WE ARE WORKING WITH GRASS ROOTS ORGANIZATIONS IN CALIFORNIA TO SUPPORT THEIR EFFORTS TO ENSURE LOW INCOME COMMUNITIES HAVE ACCESS TO SAFE, AFFORDABLE WATER. FORM 990, PART III, LINE 4B: HUMAN RIGHTS PROGRAMS - II. ECONOMIC JUSTICE ADDRESSING THE ISSUES OF GLOBALIZATION AND PRIVATIZATION WITH A FOCUS ON DEFENDING THE RIGHT OF ALL TO EARN A LIVELIHOOD WITH DIGNITY. UUSC ADDRESSES THE RIGHTS OF MARGINALIZED AND VULNERABLE WORKERS THROUGH PARTNERSHIP, POLICY WORK, AND CONNECTING OUR MEMBERSHIP WITH EXPERIENTIAL LEARNING OPPORTUNITIES IN ECONOMIC JUSTICE, USING AN ANALYSIS OF THE WAYS IN WHICH GENDER, RACE AND CLASS RENDER PARTICULAR GROUPS OF PEOPLE VULNERABLE TO ECONOMIC INJUSTICE. IN THIS EFFORT, SUPPORTS INNOVATIVE GRASSROOTS EFFORTS THAT SEEK TO DEFEND AND STRENGTHEN WORKERS RIGHTS TO ORGANIZE AND LABOR IN DIGNITY FOR A FAIR WAGE. INTERNATIONALLY, UUSC SUPPORTED ITS PARTNER STITCH TO ROLL-OUT ITS GENDER FOCUSED WORKERS' EDUCATION AND ORGANIZING TOOL, THE "WOMEN, LABOR & LEADERSHIP CURRICULUM", THROUGH LABOR SCHOOLS WITH WOMEN UNION

STITCH CONTINUES TO WORK IN DIRECT COLLABORATION WITH UUSC LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

MEMBERS IN EL SALVADOR, NICARAGUA, HONDURAS, AND GUATEMALA.

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number 04-6186012

PARTNERS IN NORTHWEST ARKANSAS AND MISSISSIPPI TO BRING ELEMENTS OF
THIS CURRICULUM TO IMMIGRANT WOMEN WORKERS IN THE UNITED STATES.

IN KENYA THIS YEAR, THROUGH SUPPORT TO THE KENYA NATIONAL ALLIANCE OF
STREET VENDORS AND INFORMAL TRADERS (KENASVIT) AND THE ROCK WOMEN
GROUP, UUSC CONTINUED TECHNICAL SUPPORT TO OUR PARTNERS FOR THEIR
ONGOING PROGRAMS TO ADDRESS THE CONCRETE NEEDS OF INFORMAL WORKERS AND
YOUTH AT-RISK. BOTH PARTNERS CONTINUED THEIR PEACE AND RECONCILIATION
PROGRAM WITH INFORMAL WORKERS, WHICH WAS INITIATED IN THE WAKE OF THE
POST-ELECTION CRISIS IN DECEMBER 2007. KENASVIT EXPANDED ITS MEMBERSHIP
TO FOUR ADDITIONAL TOWNS (MAKING IT ACTIVE IN 11 URBAN CENTERS),
CONTINUED ADVOCACY ON NATIONAL LEGISLATION TO BOOST THE INFORMAL
SECTOR, AND CONDUCTED LEADERSHIP FORUMS FOR DISABLED AND WOMEN STREET
VENDORS. BOTH KENASVIT AND ROCK WOMEN GROUP CONTINUED TO IMPLEMENT A
REVOLVING LOAN FUND PROGRAM WITH INTEGRATED ONGOING MONITORING AND
EVALUATION. UUSC ALSO FACILITATED A LEARNING EXCHANGE BETWEEN THE ROCK
WOMEN GROUP AND STITCH AT AN ANNUAL CONFERENCE OF UU CONGREGATIONS IN
MINNEAPOLIS, MINN.

DOMESTICALLY, UUSÇ SUPPORTED PARTNER NORTHWEST ARKANSAS WORKERS'

JUSTICE CENTER (NWAWJC) WITH STRATEGIC PLANNING SUPPORT, BUILDING ITS

METHODOLOGY FOR GROWING ITS MEMBERSHIP AND DEVELOPING THE LEADERSHIP OF

ITS MEMBER BASE, WITH PARTICULAR ATTENTION ON USING A GENDER LENS TO

ORGANIZE WOMEN WORKERS. UUSC ALSO SUPPORTED NWAWJC TO LAUNCH ITS

CAMPAIGN FOR AN ANTI-WAGE THEFT ORDINANCE IN THE CITY OF FAYETTEVILLE,

ARK.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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2009 Open to Public Inspection

Name of the organization

UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number 04-6186012

THIS YEAR, UUSC CONTINUED PARTNERSHIP WITH A WOMEN-RUN PECAN PROCESSING

CO-OP IN GEORGIA, THE SOUTHERN ALTERNATIVES AGRICULTURAL COOPERATIVE

(SAAC). A KEY ASPECT OF UUSC'S TECHNICAL SUPPORT IS RAISING AWARENESS

AMONG OUR MEMBERS OF SAAC AS A WORKER COOPERATIVE THAT MERGES THE

PRINCIPLES OF FAIR TRADE WITH ROOTS IN CIVIL RIGHTS AND SOCIAL JUSTICE,

AND ONE OF THE WAYS WE ACCOMPLISHED THIS WAS THROUGH HOLIDAY-SEASON

MARKETING OF THEIR PECANS AND CANDIES. WE ALSO CONTINUED TO PROMOTE

EDUCATION AND CONSUMER AWARENESS OF FAIR TRADE IN UNITARIAN

UNIVERSALIST CONGREGATIONS THROUGH THE UUSC COFFEE PROJECT, A

LONG-STANDING COLLABORATION WITH THE INTERFAITH PROGRAM OF THE

MASSACHUSETTS-BASED FAIR TRADE COMPANY EQUAL EXCHANGE.

CONTINUING AS A LEAD MEMBER OF THE LET JUSTICE ROLL (LJR) LIVING WAGE

COALITION'S EXECUTIVE COMMITTEE, UUSC PROVIDED TECHNICAL SUPPORT ON

GOVERNANCE ISSUES, RESOURCE MOBILIZATION, AND DEVELOPMENT OF LJR'S

ORGANIZING STRATEGY. UUSC ALSO MOBILIZED UNITARIAN UNIVERSALIST FAITH

LEADERS TO BE SOME OF THE MOST OUTSPOKEN VOICES ON SUPPORTING LJR'S

CAMPAIGN TO RAISE THE FEDERAL MINIMUM WAGE TO \$10 IN 2010. WITH UUSC'S

CLOSE COLLABORATION, LET JUSTICE ROLL CONDUCTED A VERY SUCCESSFUL MEDIA

CAMPAIGN HOOKED TO THE LAST JULY 24 WAGE RAISE, INVOLVING A WIDE RANGE

OF LOCAL, STATE, AND NATIONAL SPOKESPEOPLE. WE KNOW OF MORE THAN 400

PRINT, BROADCAST AND ONLINE STORIES, TALK SHOWS, EDITORIALS, LOCAL AND

SYNDICATED OP-EDS, AND LETTERS TO THE EDITOR THAT CITED LET JUSTICE

ROLL BY NAME AND/OR LJR NATIONAL LEADERS, STATE ORGANIZERS, WORKERS

AFFECTED BY THE RAISE AND OTHER SPOKESPEOPLE. THIS INCLUDED A LIVE

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

932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITARIAN UNIVERSALIST SERVICE

Employer identification number

| COMMITTEE INC  | 04-6186012                 |
|--|----------------------------|
| RADIO INTERVIEW FEATURING A UUSC REPRESENTATIVE, AN OP-ED  | IN THE                     |
| CAMBRIDGE CHRONICLE AUTHORED BY A UUSC REPRESENTATIVE, AN  | OP-ED BY A                 |
| UNITARIAN UNIVERSALIST MINISTER IN ALABAMA WHO IS A SUPPO  | RTER OF UUSC,              |
| AND AN OP-ED BY UUSC'S PARTNER, THE NORTHWEST ARKANSAS WO  | RKERS' JUSTICE             |
| CENTER.  |                            |
|  |                            |
| UUSC CONCLUDED ITS PARTNERSHIPS WITH MPOWER (MISSISSIPPI   | POULTRY                    |
| WORKERS FOR EQUALITY AND RESPECT), THE CENTER FOR THE PRO  | MOTION AND                 |
| DEFENSE OF HUMAN LABOR RIGHTS (IN MEXICO), AND GLOBAL LAB  | OR STRATEGIES,             |
| FOR REASONS SUCH AS THE GROUPS SECURING OTHER FUNDING SUP  | PORT OR                    |
| CHANGING THEIR FOCUS.  |                            |
|  |                            |
| FORM 990, PART III, LINE 4C:   |                            |
| CIVIL LIBERTIES PROGRAM  |                            |
|  |                            |
| CIVIL LIBERTIES ARE THE UNIVERSAL RIGHTS AND FREEDOMS THA  | T PROTECT                  |
| INDIVIDUALS FROM ABUSE BY GOVERNMENT POWER. UUSC PARTNERS  | WITH CIVIL                 |
| LIBERTIES ORGANIZATIONS AND CIVIL SOCIETY GROUPS WORKING   | TO DEFEND                  |
| FREEDOM AND RIGHTS BY STRENGTHENING INDIVIDUAL LIBERTY AND   | D DEMOCRATIC               |
| PROCESSES.   |                            |
|  |                            |
| BUILDING BRIDGES FOR CIVIL LIBERTIES:  |                            |
|  |                            |
| AFTER THE TERRORIST ATTACKS OF SEPTEMBER 2001, THE U.S. G  | OVERNMENT                  |
| ENACTED UNPRECEDENTED NEW LAWS THAT COMPROMISED OUR CIVIL  | LIBERTIES                  |
| UNDER THE PRETEXT OF ADVANCING NATIONAL SECURITY. WHILE W  | E SUFFER THIS              |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10 | Schedule 0 (Form 990) 2009 |

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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Employer identification number 04-6186012

LOSS COLLECTIVELY, ARAB AND MUSLIM AMERICANS ARE AMONG THOSE SINGLED OUT FOR HIGHER SCRUTINY, WITH THEIR RIGHTS TO DUE PROCESS, PRIVACY, AND NONDISCRIMINATION UNDER CONTINUOUS THREAT.

TO CONFRONT THIS CHALLENGE, UUSC HAS TEAMED UP WITH PARTNERS HANDS ACROSS THE MIDEAST SUPPORT ALLIANCE (HAMSA), MUSLIM ADVOCATES, AND OTHERS. WE ARE BUILDING BRIDGES OF SOLIDARITY BETWEEN UU COMMUNITIES AND ARAB AND MUSLIM AMERICANS IN ORDER TO BEGIN ADDRESSING THE VIOLATIONS THAT HAVE OCCURRED AS A RESULT OF THE POST-9/11 SECURITY POLICIES AND TO PROTECT AND STRENGTHEN RIGHTS FOR ALL AMERICANS. UUSC "HOW CAN U.S. COMMUNITIES COME TOGETHER AS ALLIES TO CREATE A MORE JUST AND SUPPORTIVE SOCIETY?"

A KEY FEATURE OF THE BUILDING BRIDGES PROJECT IS A SERIES OF JOINT UUSC AND PARTNER-LED WORKSHOPS AND ACTIVITIES IN SEVERAL MAJOR CITIES THROUGHOUT THE COUNTRY.

TORTURE

THE RIGHT TO BE FREE FROM TORTURE IS ONE OF THE MOST FUNDAMENTAL HUMAN RIGHTS RECOGNIZED BY THE GLOBAL COMMUNITY TODAY. IT IS UUSC'S FIRM POSITION THAT ANY GOVERNMENT-SPONSORED ACTS OF TORTURE UNDER ANY CIRCUMSTANCES ARE PROFOUNDLY IMMORAL, UNJUSTIFIED, AND ILLEGAL. AS AN ORGANIZATION THAT PROMOTES HUMAN RIGHTS, WE ARE COMMITTED TO BRINGING SUCH PRACTICES TO AN END. TO THAT END, UUSC PARTNERS WITH TWO

ORGANIZATIONS - TORTURE ABOLITIONIST SURVIVOR SUPPORT COALITION (TASSC) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009 932211 02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990

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OMB No. 1545-0047

2009
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UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number 04-6186012

AND THE NATIONAL RELIGIOUS CAMPAIGN AGAINST TORTURE IN ORDER TO,
RESPECTIVELY, ENSURE THAT TORTURE SURVIVORS HAVE THE TOOLS NECESSARY TO
SHARE THEIR STORY, BEGIN TO HEAL, AND MOBILIZE RELIGIOUS COMMUNITIES
AROUND TORTURE AS A MORAL ISSUE.

### ANTI-WAR EFFORTS

USING A RIGHTS-BASED APPROACH, UUSC ACTIVELY SUPPORTS OUR MEN AND WOMEN

IN THE U.S. MILITARY AS THEY RETURN FROM IRAQ, AFGHANISTAN, AND OTHER

COUNTRIES. AS PART OF OUR OPPOSITION TO THE WAR IN IRAQ, WE LIFT UP

THEIR BASIC HUMAN RIGHT TO SPEAK OUT, PETITION CONGRESS, AND EXPRESS

DISSENT AGAINST THE WAR. UUSC WORKED WITH PARTNERS IRAQ VETERANS

AGAINST THE WAR AND MILITARY FAMILIES SPEAK OUT IN ORDER TO SUPPORT

ACTIVE DUTY SERVICE MEN AND WOMEN AND THEIR FAMILIES WHO OPPOSE THE

WARS IN IRAQ AND AFGHANISTAN.

### INTERNATIONAL CIVIL LIBERTIES

UUSC WORKS INTERNATIONALLY TO DEFEND CIVIL LIBERTIES AND POLITICAL
RIGHTS, WHICH ARE PARTICULARLY UNDER THREAT IN A POST-9/11 ENVIRONMENT.

UUSC, AND ITS PARTNERS, UPHOLD THE PRINCIPLE THAT ALL PEOPLE ARE
ENTITLED TO BASIC HUMAN RIGHTS AND CIVIL LIBERTIES. WITHOUT ROBUST

DEMOCRATIC INSTITUTIONS, PEOPLE ARE AT RISK OF GOVERNMENT ABUSE. AT

PARTICULAR RISK ARE WOMEN, LOW-INCOME PERSONS, PEOPLE OF COLOR, AND
MEMBERS OF OTHER MARGINALIZED GROUPS WHO ARE VULNERABLE BY VIRTUE OF

THEIR PLACE IN SOCIETY.

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Schedule O (Form 990) 2009

932211

# SCHEDULE 0

(Form 990)

# Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service \*Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number 04-6186012

| UUSC WORKS IN COUNTRIES SUCH AS AFGHANISTAN AND IRAQ TO EMPOWER THOSE  |
|--|
| WHO ARE BEING DENIED THEIR CIVIL LIBERTIES, SPECIFICALLY BY TRAINING   |
| WOMEN ON THEIR RIGHTS AS HUMANS AND CITIZENS IN THEIR RESPECTIVE   |
| COUNTRIES. UUSC WORKS WITH BARAKAT, HAWCA, AND THE AFGHAN CENTER IN  |
| AFGHANISTAN AND ASUDA IN IRAQ.   |
|  |
| FORM 990, PART III, LINE 4D:   |
| RIGHTS IN HUMANITARIAN CRISIS  |
|  |
| CONSISTENT WITH OUR VALUES AS A HUMAN RIGHTS ORGANIZATION, UUSC  |
| CHANNELS HUMANITARIAN RELIEF FUNDS TO GRASSROOTS ORGANIZATIONS   |
| PROVIDING ASSISTANCE TO MARGINALIZED, NEGLECTED, AND POLITICALLY   |
| OPPRESSED POPULATIONS WHO HAVE DIFFICULTIES ACCESSING TRADITIONAL AID  |
| DISTRIBUTION IN CRISES AND EMERGENCIES. WE HAVE BOTH A SHORT TERM  |
| EMERGENCY RESPONSE PROGRAM AND LONG TERM WORK IN CONFLICT SITUATIONS.  |
|  |
| EMERGENCY RESPONSE   |
|  |
| THIS YEAR, IN OUR EMERGENCY PROGRAM WE SUPPORTED PARTNERS RESPONDING TO  |
| CYCLONE NARGIS IN MYANMAR, OPERATION CAST LEAD IN GAZA, AND THE HAITI  |
| EARTHQUAKE. IN MYANMAR, UUSC'S FINAL PROJECT TO DOCUMENT HUMAN RIGHTS  |
| VIOLATIONS IN THE IRAWADDY DELTA POST-CYCLONE WILL CONCLUDE WITH A   |
| REPORT AND RECOMMENDATIONS TO HUMAN RIGHTS, HUMANITARIAN, AND DONOR  |
| AGENCIES. UUSC'S EMERGENCY RESPONSE TO THE 2008-2009 HUMAN RIGHTS AND  |
| HUMANITARIAN CRISES RISING OUT OF THE CONFLICT IN GAZA, WHICH BEGAN  |
| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2009 932211 02-03-10 |

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WITH A PROGRAM TO SUPPORT YOUTH LEADERS IN PSYCHO-SOCIAL TRAUMA WORK

AND SMALL SCALE HOME REPAIRS, CONTINUES WITH A PROJECT TO DEVELOP AND

PROMOTE VITAL AND VIABLE HOME REPAIR STRATEGIES THAT WILL RESTORE SOME

MEASURE OF DIGNITY AND SAFETY TO PEOPLE'S LIVES.

FOLLOWING THE JANUARY 2010 EARTHQUAKE IN HAITI, UUSC OPENED AN APPEAL
THAT HAS RAISED APPROXIMATELY \$1,900,000 PROVIDING SUPPORT TO HAITIAN
EARTHQUAKE SURVIVORS IN BOTH PORT-AU-PRINCE, PAP, AND THE COUNTRYSIDE
WHOSE RIGHT TO RELIEF AND RECOVERY IS NOT BEING ADEQUATELY ADDRESSED IN
THE CURRENT AID PROGRAMS. WE BEGAN FUNDING EMERGENCY PROJECTS IN
FEBRUARY 2010. THROUGH OUR RESPONSE, WE ARE ENSURING ACCESS TO THE
FOOD, LIVELIHOODS, SHELTER, PROTECTION, REPRESENTATION, AND
PSYCHOLOGICAL SERVICES THAT EARTHQUAKE SURVIVORS NEED THROUGH PARTNER
SUPPORT, POLICY AND ADVOCACY, MOBILIZATION OF UUS AND VOLUNTEER
ENGAGEMENT. THE BENEFICIARIES OF UUSC SUPPORT INCLUDES SURVIVORS WHO
HAVE FLED TO RURAL AREAS AND THEIR HOST FAMILIES, UNACCOMPANIED
CHILDREN AND RESTAVEKS, SURVIVORS IN PAP CAMPS WHICH ARE NOT RECEIVING
SUFFICIENT ATTENTION, WOMEN IN THE CAMPS WHOSE SECURITY IS THREATENED,
SINGLE WOMEN WORKING IN THE INFORMAL SECTOR, AND YOUTH.

LONG TERM PROGRAM WORK IN CONFLICT AREAS

UUSC CONTINUES TO DEVELOP AND STRENGTHEN ITS LONG TERM PROGRAM WORK IN
REGIONS OF ARMED CONFLICT. WE COMPLETED OUR SECOND YEAR OF SUPPORT TO A
TWO YEAR PROGRAM OF "WEAVING A WEB OF PROTECTION FOR WOMEN AND GIRLS"

IN CAMPS FOR THE DISPLACED IN SOUTH DARFUR. THIS INCLUDED CONTINUING

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932211
02-03-10

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Employer identification number 04-6186012

LEADERSHIP AND LIVELIHOODS TRAINING FOR WOMEN AS WELL AS GENDER

SENSITIVE PROTECTION TRAINING FOR CAMP LEADERSHIP, AND UN POLICE IN EL

FASHER. A NEW WOMEN'S CENTER WAS OPENED, INCREASING THE TOTAL TO SIX.

WE CONTINUE TO SUPPORT THE DEVELOPMENT OF A WOMAN'S MARKET IN NYALA

SOUTH DARFUR AND TO LINK HANDICRAFT PRODUCTION IN THE CAMPS IN DARFUR

AND TO INTERNATIONAL MARKETS. LASTLY, WE HAVE INITIATED AN INNOVATIVE

PROJECT WITH LOCAL RELIGIOUS LEADERS TO ADDRESS VIOLENCE AGAINST WOMEN

FROM A CULTURAL AND RELIGIOUS PERSPECTIVE. THIS INCLUDES TRAINING 300

RELIGIOUS LEADERS AND SCHOLARS IN HUMAN RIGHTS AND WOMEN'S RIGHTS FROM

A SPIRITUAL AND CULTURAL PERSPECTIVE MULTIPLIED THROUGH OUTREACH BY

RADIO AND DIALOGUES. WE WERE ABLE TO COORDINATE A VISIT FROM AN IMAM IN

THE US TO DARFUR TO TEACH ABOUT THE RELIGIOUS ROOTS OF WOMEN'S DIGNITY

AND PROTECTION.

OUR LONG TERM WORK IN UGANDA, IN COLLABORATION WITH CARITAS-PADER

SUPPORTS THE POST-WAR RETURN AND RESETTLEMENT OF 14 VILLAGES IN TWO

PARISHES. THIS HAS INCLUDED STRENGTHENING COMMUNITY RESILIENCE AND

POSITIVE COPING MECHANISMS THROUGH INDIVIDUAL AND GROUP COUNSELING AND

MEDIATION, RADIO SPOTS AND TALK SHOWS EMPHASIZING THE POSITIVE OUTCOMES

OF THE RETURN PROCESS, AND TRADITIONAL CULTURAL CEREMONIES, SONGS, AND

DANCES. THE PROJECT ALSO INCLUDES CONCRETE SUPPORT FOR RETURN THROUGH

ECONOMIC EMPOWERMENT THAT STRENGTHENS COMMUNITY TIES; I.E. A PROJECT

FOR COLLECTIVE OWNERSHIP OF OXEN FOR ANIMAL TRACTION, TRAINING IN

DEVELOPING ALTERNATIVE TECHNOLOGIES FOR FUEL AND AGRICULTURAL

PROCESSING PRODUCTS, AND GOAT HUSBANDRY WITH WOMEN AND WIDOWS. AT THE

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Schedule 0 (Form 990) 2009

COMMUNITIES ARE DEVELOPING STRUCTURES TO IMPROVE SERVICE

(Form 990)

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization

UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number 04-6186012

| DELIVERY.  |  |   |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|--|--|---|---------------------------|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| IN KAKAMEGA, KENYA, OUR LON  | IG TERM WORK   | SUPPORTS A GRO  | OUP OF                    |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| DISPERSED-DISPLACED FAMILIES THROUGH REVOLVING LOAN FUNDS, BUSINESS  |  |   |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| TRAINING, FAMILY TRACING, AND HIV COUNSELING. FINALLY, OUR PILO  |  |   |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| IN THE SHAN AND KAREN STATE  | HAS SUPPORTED  | REVOLVING LOAN  |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| FUNDS IN 88 COMMUNITIES, REACHING OVER 20,000 MEN, WOMEN, AND YOUNG ADULTS. THESE FUNDS ENABLE POOR FAMILIES IN CONFLICT-AFFECTED SHAN COMMUNITIES TO ACCESS SAVINGS AND CREDIT AND TO DEVELOP COMMUNITY |  |   |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  |  |   |                           |  |  |  |  |  |  | INITIATIVES TO ADDRESS SOME OF THEIR MOST PRESSING NEEDS, INCLUDING THE |  |  |  |  |  |  |  |  |
|  |  |   |                           |  |  |  |  |  |  | LACK OF HEALTHCARE AND EDUCATION. UUSC HAS ALSO DEVELOPED A PILOT       |  |  |  |  |  |  |  |  |
| LIVELIHOODS ASSISTANCE PROGRAM FOCUSED ON WOMEN IN CONFLICT-AFFECTED   |  |   |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| KAREN COMMUNITIES.   |  |   |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  |  |   |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| FORM 990, PART I, LINES 8,   | 13 & 15:   |   |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| CONTRIBUTIONS AND GRANTS (I  | INE 8):  |   |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | And the second s |   |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | PRIOR YEAR   | CURRENT YEAR  | INC/(DEC)                 |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | 4,960,691  | 7,862,533   | 2,901,842                 |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| EXPLANATION:   |  |   |                           |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| CONTRIBUTION RELIEF FUNDS:   | 79,818   | 1,936,011   | 1,856,193 (1)             |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| MATCHING GRANTS:   | 700,000  | 1,300,000   | 600,000 (2)               |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| FUNDRAISING:   | 4,180,873  | 4,626,522   | 455,649 (3)               |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
|  | 4,960,691  | 7,862,533   | 2,901,842                 |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |
| LHA For Privacy Act and Paperwork Reduction Ac<br>932211<br>02-03-10   | STORT WATER CONTRACTOR OF THE PROPERTY OF THE  | THE RESIDENCE OF THE PROPERTY | Schedule O (Form 990) 200 |  |  |  |  |  |  |   |  |  |  |  |  |  |  |  |

### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

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| Name of the organization UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC | Employer identification number 04-6186012 |
|---|---|
|   | 0.1.00012                                 |
| GRANTS AND SIMILAR AMOUNTS PAID (LINE 13):                            |   |
| PRIOR YEAR CURRENT YEAR IN  | C/(DEC)                                   |
| 1,005,220 821,263 (1  | 83,957) (4)                               |
| SALARIES, OTHER COMPENSATION AND EMPLOYEE BENEFITS (LINE              | 15):                                      |
| PRIOR YEAR CURRENT YEAR IN  | C/(DEC)                                   |
| 3,446,031 2,969,604 (4  | 76,427) (5)                               |
| (1) DUE TO HAITI RELIEF FUNDS   |   |
| (2) RECEIVED \$500K GRANT FOR HAITI RELIEF FUNDS                      |   |
| (3) SUCCESSFUL FUNDRAISING YEAR                                       |   |
| (4) DECREASE DUE TO BUDGET CUTS                                       |   |
| (5) DECREASE DUE TO FURLOUGH AND VACANT POSITIONS                     |   |
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