## Form **990** (Rev. January 2020) 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 private foundations)

Open to Public

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

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

Inspection

OMB No. 1545-0047

A	For t	ne 2019 calendar year, or tax year beginning JUL 1, 2019 and o	ending J	UN 30, 20	120	
В	Check applica	C Name of organization Unitarian Universalist Service		D Employer id	entific	cation number
	Add	ress Cibbas T				
	Nam	e		04-618	3601	12
	Initia		Room/suite	E Telephone nu		
	retur Fina retur	689 Massachusetts Avenue	1100111/34110	(617)-		3-6600
	term	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		10,495,946.
	Ame	Cambridge, MA 02139		H(a) Is this a gro		
	Appl	I F Name and address of principal officer: Flat y Racifet File Floring		for subordi	nates?	Yes X No
	pend	same as C above		H(b) Are all subordin	nates inc	cluded? Yes No
1	Tax-e	xempt status: $\overline{X}$ 501(c)(3) $\overline{}$ 501(c) ( ) $\blacktriangleleft$ (insert no.) $\overline{}$ 4947(a)(1) o	r 527	If "No," atta	ich a l	list. (see instructions)
		ite: WWW.uusc.org		H(c) Group exer	nption	number >
		of organization: X Corporation Trust Association Other	L Year	of formation: 194	8 M	State of legal domicile; MA
	art I					
Mary College	1	Briefly describe the organization's mission or most significant activities: See S	chedu	le O		
9	1					
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its ne	et asse	ets.
/eri	3				3	15
6	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	14
త	4	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5	45
es	5				6	770
Ξ	6	Total number of volunteers (estimate if necessary)			7a	19,387.
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12			7b	7,779.
	b	Net unrelated business taxable income from Form 990-T, line 39			170	Current Year
			-	Prior Year 6,959,77	5	9,377,718.
e	8	Contributions and grants (Part VIII, line 1h)	ACCESSORIAL PROPERTY.			79,264.
Revenue	9	Program service revenue (Part VIII, line 2g)	3/7/01/01/01/01	142,53		
3eV	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,585,16		540,564.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		61,83		96,441.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,749,30		10,093,987.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,297,34		1,174,127.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	10.000		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,760,25		4,866,057.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		180,00	0.	156,540.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)  711,99	8.			
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,842,69		2,522,138.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,080,28		8,718,862.
	19	Revenue less expenses. Subtract line 18 from line 12		-330,98	8.	1,375,125.
OF				inning of Current Y		End of Year
Net Assets Fund Balanc	20	Total assets (Part X, line 16)	2	28,764,60		30,153,124.
ASS	21	Total liabilities (Part X, line 26)		3,940,90		4,098,326.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	2	24,823,70	4.	26,054,798.
Pa	rt II	Signature Block				
Unde	r pena	lties of perjury, I declare that I have examined this return, including accompanying schedules a	nd statemen	its, and to the best of	f my k	nowledge and belief, it is
true.	correc	et, and complete Declaration of preparer (other than officer) is based on all information of whic	h preparer h	as any knowledge.	9	
		1 Rich him		121	Jav	2020
Sign		Signature of officer		Date		
Here		Mack Davidson, VP & CAO				
,,,,,,		Type or print name and title		.,		
		Print/Type preparer's name Preparer's signature	Da	ite Check	(	PTIN
Paid		Brenda L. Booth	11	1/10/20 if self-e	mployed	P01342395
Prepa		Firm's name CBIZ MHM, LLC		Firm's EIN		6-3753134
Use (		Firm's address 500 Boylston Street				
550 (	,	Boston, MA 02116		Phone no	617	-761-0600
May	the I	S discuss this return with the preparer shown above? (see instructions)		1		X Yes No
iviay	HIG IL	io disouss this feturn with the preparer shown above; (see instructions)				

Other program services (Describe on Schedule O.)

580,925. including grants of \$ 79,565.) (Expenses \$

Total program service expenses 7,112,229.

Form 990 (2019)

Part IV Checklist of Required Schedules

			Ye	s 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	L	1 2	
	2 Is the organization required to complete Schedule B, Schedule of Contributors?	. 2	2 X	
,	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	3	X
4	to the section of game and organization orga			
,	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
e	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5		X
C	services and the services are services and the services and the services and the services are services and the services and the services and the services are services and the services and the services are services and the services and the services are services are services and the services are services and the services are services and the services are services are services and the services are services are services and the services are services are services are services are services are services and the services are s			
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6		X
,	gasements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7	-	X
				37
9	Schedule D, Part III	8	_	X
3	3			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
10	If "Yes," complete Schedule D, Part IV	9	+	X
10		1.0	1	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10	X	200,0024
	as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1233	e kratic	i ined
	Part VI	144-	X	
ŀ	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	A	+
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110	1 21	-
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
c	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	110		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			**
20a	complete Schedule G, Part III	19	$\rightarrow$	<u>X</u>
zua h	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	<u>X</u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	$\dashv$	
21	domestic government on Part IX, column (A), line 12, 4, 14, 2, 14, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15	.	~	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

1	990 (2019) CORMIT CEE THE CONTINUED (Continued)				_
Pal	1990 (2019) Continued Schedules (continued)		Yes	N	0
100					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		X	2
22	the way of the Cahadula I Ports I and III				
23	Section A. line 3, 4, or 5 about compensation of the organization				
	and former officers, directors, trustees, key employees, and highest compensated employees: If Tes, complete	23	X		
	Schedule J				Transiti
24a	Bid the exemptation have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 at				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	X		
	Schedule K. If "No," go to line 25a	24b		2	Χ
b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to be a second other than a refunding escrow at any time during the year to be a second of the organization maintain an escrow account other than a refunding escrow at any time during the year to be a second of the organization maintain an escrow account other than a refunding escrow at any time during the year to be a second of the organization maintain and escrow account other than a refunding escrow at any time during the year.	24c		2	X
		24d		7	X
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?				
25a	Section 501(c)(2), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess better	25a	1	1 2	X
				T	
b	that it appeared 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	25b			X
		200	T	$\top$	
26	Did the appearing tion report any amount on Part X. line 5 or 22, for receivables from or payables to any current				
	tions director trustee key employee creator or founder, substantial contributor, or cover	26			X
		20	1	+	
27	the action and current or former officer, director, distor, has a contract of the contract of				
	the state of employee thereof a grant selection committee member, or to a	27			X
	and the second control of family member of any of these persons? If res, complete schedule 2, as a second control of these persons?	39.0	5 M(S)		9
28	Was the organization a party to a business transaction with one of the following parties (see Schedule 2, Farty				
	the the filter threeholds conditions and exceptions):	Contractor 2	2 12702	Hill Hold	J. P.
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor.	28a			X
	O I I I Ded IV	28b	7.7	_	
		200	1 21	+	
	to the described in lines 200 or more individuals and/or organizations described in lines 200 or 200:	280			X
•				-	
29	than 625 000 in non-cash contributions: If Tes, complete ochedulo in	25	+	+	_
30	Did the organization receive more than \$25,000 in high cash best areas or other similar assets, or qualified conservation  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30			X
30					X
31	or dissolve and cease operations? If "Yes," complete Schedule N, 1 at 1	31	+	+	
32	time all evaluations of or transfer more than 25% of its fiet assets: If fes, complete	32			X
32		32	+	+	
33	Bit the association own 100% of an entity disregarded as separate from the organization under rioganization	33	,		X
33	201 7701 0 and 201 7701 32 If "Voc " complete Schedule R. Part I	33	+	+	
34	Was the exemptation related to any tax-exempt or taxable entity? If "Yes," complete Scriedule A, Fait II, III, Or IV, and	1	X	7	
- 3		34	7		-
25	I and the state of the sta	35	a 2	+	
35	and the organization receive any payment from or engage in any transaction with a contraction				X
		35	D	$\dashv$	21
200	Did the organization make any transfers to all exempt from chamass restaurant		.		X
36		36	<u>}</u>	$\dashv$	
07	- the sendual more than 5% of its activities inrough an entity that is not a related organization		-		Х
37	to the for fodoral income tax purposes? If "Yes " complete scriedule n, rait vi	37	+	+	Λ
	services complete Schedule O and provide explanations in Schedule O for Part VI, lines 115 and 150	1		·	
38	· Ita asmolato Schodula ()	. 3	3 2	X	_
TP.	Note: All Form 990 filers are required to complete Schedule 5  Part V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response or note to any line in this Part V			. 1	
_		O Federal	Y	es	No
120	1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 4	19			
	- week to the time to Enter O. It not applicable	0			
	b Enter the number of Forms W-2G included in line 1a. Enter to 1 not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			V	
	c Did the organization comply with backet			X	
_	(gambiing) withings to prize without.	Fo	orm 9	90 (	201

Form	1 990 (2019)  TV Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Pa	AV Comment			Yes	No
-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
2a	filed for the calendar year ending with or within the year covered by this return	2a 45		200	
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)		1000	
20			За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b	X	
12	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
40	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
h	If "Yes," enter the name of the foreign country	AND PRODUCTION OF THE PRODUCT OF THE			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Act	counts (FBAR).			
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 transactions.	ction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
ou			6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
·	to file Form 8282?	,	7c		X
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
q	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
-			8	e) all tomorrows	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	Orthodoxidae	reconstituted and
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	300 SA		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	ı			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	5000 Q4	3330603
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			200	34.0
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		******
-	Note: See the instructions for additional information the organization must report on Schedule O.		16		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
-	organization is licensed to issue qualified health plans	13b	42.9		
С	Enter the amount of reserves on hand	13c	a form		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	$\longrightarrow$	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
8.50	excess parachute payment(s) during the year?		15	instactions.	<u> X</u>
	If "Yes," see instructions and file Form 4720, Schedule N.			ALCON .	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	96.2965c747x	X
	If "Yes," complete Form 4720, Schedule O.			000	in the second
			Form	990 (	2019)

Form 990 (2019) Committee Inc 04-6186012 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response
to line 32 9b or 10b below, describe the sixtuations. to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
000		numbers.	Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 15			
14	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		EEE	
~	officer director trustee or key employee?	2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ü	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			37
-	persons other than the governing body?	7b	enttikaka	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	E P		12000
а	The governing body?	8a	X	
b	Fach committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
	organization's mailing address? [f "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
10a	Did the organization have local chapters, branches, or affiliates?	10a	-	_A
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	A	aloge in
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	X	E. S.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120	11	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	X	
	in Schedule O how this was done	13	X	<del>                                     </del>
13	Did the organization have a written whistleblower policy?	14	X	_
14	Did the organization have a written document retention and destruction policy?	Barrier .	1974 NO.	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X	Colored Corporate
а	The organization's CEO, Executive Director, or top management official	15b	77	$\vdash$
b	Other officers or key employees of the organization	100	1000	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100 C	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a	Lugarian talla	X
	taxable entity during the year?			13.5
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	I BOOK NEWSTON	The spreadown
	OXOTTI ST CHARLES			
-	List the states with which a copy of this Form 990 is required to be filed CA, CO, CT, DC, FL, GA, HI, IL, IN	,KS	, KY	, LA
17	List the states with which a copy of this Form 990 is required to be filed by 1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only	availa	able
18	for public inspection. Indicate how you made these available. Check all that apply.			
46	X Own website Another's website X Upon request Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
19	statements available to the public during the tax year.			
00	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	Carol Cahalane - (617)301-4331			
	IUISC 689 Massachusetts Avenue, Cambridge, MA 02139			
93200	See Schedule O for full list of states	For	n 990	(2019)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

  See instructions for the order in which to list the persons above.

Check this box if neither the organiza	tion nor any related	orga	anization compensate					ed any current officer, d	irector, or trustee.			
(A) Name and title	(B) Average hours per week	(do		Pos heck	c) sition more rson i	than	one h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) Rev. Ned Wight	1.00											
Chair		X		X		_		0.	0.	0.		
(2) Brock Leach	1.00									•		
Vice-Chair		X		X				0.	0.	0 .		
(3) Cynthia Totten	1.00								0			
Secretary		X		X			_	0.	0.	0.		
(4) Todd Hess	1.00									0		
Treasurer		X		X		_		0.	0.	0.		
(5) Rev. Jacqueline Brett	1.00									0		
Board Member		X						0.	0.	0.		
(6) Sarah K. Dreier	1.00	-								0		
Board Member		X						0.	0.	0.		
(7) Barbara Du Mond	1.00									0		
Board Member	1 20	X						0.	0.	0.		
(8) Peter Fenn	1.00								,	0		
Board Member		X		_	_			0.	0.	0.		
(9) Lyssa Jenkens	1.00									0		
Board Member		X		_				0.	0.	0.		
(10) Lynn Miyamoto	1.00								_	0		
Board Member	1 22	X		_	-	-	_	0.	0.	0.		
(11) Maria Pignataro Nielsen	1.00							0.	0.	0.		
Board Member	1 00	X	_	-		-	-	0.	0.	0.		
(12) April Nishimura	1.00			- 1	1			0.	0.	0.		
Board Member	1 00	X	-	$\dashv$	$\dashv$	-		0.	0.	0.		
(13) Joseph Parsons	1.00	37						0.	0.	0.		
Board Member	1 00	X	$\dashv$	-	$\dashv$	$\dashv$	_	0.	0.	0.		
(14) Anthony Pinn	1.00	<b>.</b> ,						0.	0.	0.		
Board Member	1 00	Х	$\dashv$	$\dashv$	$\dashv$	-	_	0.	0.	0.		
(15) James Smith	1.00	х						0.	0.	0.		
Board Member	40.00	Λ	-	-	-	-	-	0.	0.	0.		
(16) Mary Katherine Morn	40.00			x				247 174	0.	29,493.		
President & CEO	35.00	-	-	<u> </u>	-	-	$\dashv$	247,174.	0.1	49,493.		
(17) Rachel Freed	35.00			x	-			162,859.	0.	14,674.		
VP & CPO				Δ				104,039.		Form <b>990</b> (2019)		

932007 01-20-20

Form 990 (2019)

Part VII Section A. Officers, Directors,	Trustees, Key Emp	loye	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
18) Mack Davidson	35.00								_	
P & CAO				X				165,816.	0	. 22,230
19) Cassandra Ryan	35.00									1
P & CDO				X				160,490.	0	. 44,857
20) Kathleen McTigue	35.00									
irector of AJE						X		145,239.	0	. 43,237
21) Quang Nguyen	35.00									
irector of Human Resource						X		139,193.	0	. 23,598
22) Danielle Fuller-Wimbush	35.00									
irector of Programs						X		114,685.	0	. 34,993
23) Michael Kourabas	35.00									
ssociate Director						X		109,658.	0	. 31,888
24) Carol Cahalane	35.00								6500	
irector of Finance							X	131,444.	0	. 14,451
										- A
								1 276 550	0	250 421
1b Subtotal							<b>&gt;</b>	1,376,558.	0	
c Total from continuation sheets to Pa	art VII, Section A							0.	0	. (
c Total from continuation sheets to Pa	art VII, Section A						<b>▶</b>	0. 1,376,558.	0	. (
c Total from continuation sheets to Pa	art VII, Section A						<b>▶</b>	0. 1,376,558.	0	. 259,421
c Total from continuation sheets to Pad Total (add lines 1b and 1c)  Total number of individuals (including compensation from the organization  Did the organization list any former or line 1a? If "Yes," complete Schedule	but not limited to the	ee, k	liste	d ab	oye	) wh	o re	0. 1,376,558. eceived more than \$100, hest compensated emp	0 0 000 of reportable	Yes N
c Total from continuation sheets to Pad Total (add lines 1b and 1c)  Total number of individuals (including compensation from the organization  Did the organization list any former or	but not limited to the flicer, director, trust I for such individual the sum of reportab	ee, k	liste key e	d ab	oyee	e, or	high	0. 1,376,558. ceived more than \$100, hest compensated emp	0 0 000 of reportable loyee on he organization	Yes N
c Total from continuation sheets to Pad Total (add lines 1b and 1c)	but not limited to the flicer, director, trust the sum of reportabins \$150,000? If "Yes,"	ee, k	liste	d ab	oyee tion	e, or	high other	0. 1,376,558. received more than \$100, hest compensated emplorer compensation from the compensation from the compensation and the compensation from the compensation and the compensation from the compensation and the compensation from the compensation from the compensation and the compensation from the compe	0 0 000 of reportable loyee on he organization	Yes N 3 X 4 X
c Total from continuation sheets to Pad Total (add lines 1b and 1c)  Total number of individuals (including compensation from the organization  Did the organization list any former or line 1a? If "Yes," complete Schedule of For any individual listed on line 1a, is the and related organizations greater than	but not limited to the ficer, director, trust of for such individual the sum of reportabins \$150,000? If "Yes, we or accrue comper	ee, k	liste	d ab	oyee tion Sche	e, or and	high other	0. 1,376,558. ceived more than \$100, hest compensated emplorer compensation from the compensation from the compensation or individual and organization or individual	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes N 3 X 4 X
c Total from continuation sheets to Pad Total (add lines 1b and 1c)	but not limited to the fficer, director, trust of for such individual the sum of reportabins \$150,000? If "Yes, we or accrue comper" complete Schedul	ee, k	liste	d ab	oove oyee tion 6che any	e, or and and unre	hig oth	0. 1,376,558. ceived more than \$100, hest compensated emplorer compensation from the compensation or individual and organization organiza	0 0 000 of reportable loyee on the organization	Yes N 3 X 4 X
c Total from continuation sheets to Pad Total (add lines 1b and 1c)	but not limited to the sum of reportable the sum of reportable as \$150,000? If "Yes, we or accrue comper" complete Schedul est compensated incompensated incompens	ee, k	liste	d ab	oyee oyee any oyers	and unre	high or high	0. 1,376,558. sceived more than \$100, hest compensated emplorer compensation from the compensation or individual and organization or individual mat received more than \$	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes N 3 X 4 X
c Total from continuation sheets to Pad Total (add lines 1b and 1c)	but not limited to the sum of reportable the sum of reportable as \$150,000? If "Yes, we or accrue comper" complete Schedul est compensated incompensated incompens	ee, k	liste	d ab	oyee oyee any oyers	and unre	high or high	0. 1,376,558. sceived more than \$100, hest compensated emplorer compensation from the compensation or individual and organization or individual mat received more than \$	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes N 3 X 4 X 5
c Total from continuation sheets to Pad Total (add lines 1b and 1c)	but not limited to the sum of reportable the sum of reportable 15150,000? If "Yes, we or accrue compete or accrue compete schedulest compensated incomponent for the calendary (A)	ee, k	liste	d ab	oyee oyee any oyers	and unre	high or high	0. 1,376,558. sceived more than \$100, hest compensated emplorer compensation from the compensation or individual and organization or individual the organization's tax y  (B)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes N 3 X 4 X 5 Sation from (C)
c Total from continuation sheets to Pad Total (add lines 1b and 1c)	but not limited to the sum of reportable the sum of reportable 15150,000? If "Yes, we or accrue compete or accrue compete schedules to compensated income for the calendar years address address	ee, k le co le co satic	liste	d ab	oyee oyee oyee oyee oyee oyee oyee oyee	and unre	o re	0. 1,376,558. sceived more than \$100, hest compensated emplorer compensation from the compensation or individual and organization or individual the organization's tax y  (B) Description of s	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes N 3 X 4 X 5
c Total from continuation sheets to Pad Total (add lines 1b and 1c)	but not limited to the sum of reportable the sum of reportable 15150,000? If "Yes, we or accrue compete or accrue compete schedules to compensated income for the calendar years address address	ee, k le co le co satic	liste	d ab	oyee oyee oyee oyee oyee oyee oyee oyee	and unre	o re	0. 1,376,558. sceived more than \$100, hest compensated emplorer compensation from the compensation or individual and organization or individual the organization's tax y  (B) Description of s Fundraising	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes N 3 X 4 X 5 sation from (C) Compensation
c Total from continuation sheets to Pad Total (add lines 1b and 1c)  2 Total number of individuals (including compensation from the organization)  3 Did the organization list any former or line 1a? If "Yes," complete Schedule of 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a received rendered to the organization? If "Yes.  Section B. Independent Contractors  1 Complete this table for your five higher the organization. Report compensation (A)  Name and bus 1250 Connecticut  Vashington, DC 20036	but not limited to the sum of reportable the sum of reportable 15150,000? If "Yes, we or accrue compete or accrue compete schedules to compensated income for the calendar years address address	ee, k le co le co satic	liste	d ab	oyee oyee oyee oyee oyee oyee oyee oyee	and unre	o re	0. 1,376,558. ceived more than \$100, hest compensated emplorer compensation from the compensation or individual and received more than \$100 mat received more than \$100 ma	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes Yes A X 4 X 5 Sation from (C) Compensation
c Total from continuation sheets to Pad Total (add lines 1b and 1c)  2 Total number of individuals (including compensation from the organization)  3 Did the organization list any former or line 1a? If "Yes," complete Schedule of 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a received rendered to the organization? If "Yes.  Section B. Independent Contractors  1 Complete this table for your five higher the organization. Report compensation (A)  Name and bus 1250 Connecticut Vashington, DC 20036  The Raben Group	but not limited to the filter, director, trust of for such individual the sum of reportable at \$150,000? If "Yes, we or accrue compered to complete Schedul est compensated into the calendar year."  A) complete Schedul est compensated into the calendar year.  A) complete Schedul est compensated into the calendar year.  A) complete Schedul est compensated into the calendar year.  A) complete Schedul est compensated into the calendar year.  A) complete Schedul est compensated into the calendar year.  AVE NW, Su	ee, k	liste  key e  mple on fr  nder  nder	emplensa	oyee oyee oyee oyee oyee oyee oyee oyee	and unre	o re higi	0. 1,376,558.  sceived more than \$100,  hest compensated emplorer compensation from the compensation or individual and organization or individual the organization or individual state organization of state organization organization of state organization organization of state organization organization of state organization organization organization organization organization of state organization organi	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes N 3 X 4 X 5 Sation from (C) Compensation
c Total from continuation sheets to Pad Total (add lines 1b and 1c)  2 Total number of individuals (including compensation from the organization)  3 Did the organization list any former or line 1a? If "Yes," complete Schedule of 4 For any individual listed on line 1a, is the and related organizations greater than 5 Did any person listed on line 1a received to the organization? If "Yes, Section B. Independent Contractors  1 Complete this table for your five higher the organization. Report compensation (A)  Name and bus 1250 Connecticut Vashington, DC 20036  The Raben Group 1341 G St NW F15, Wash	but not limited to the sum of reportable as \$150,000? If "Yes, we or accrue compered to complete Schedul est compensated incomposition for the calendary of the calendary	ee, k ee, k consatic	iliste  key e  mple on fr  or su  nder	d ab	oyee oyee oyee oyee oyee oyee oyee oyee	and unre	o re higi	0. 1,376,558. ceived more than \$100, hest compensated emplorer compensation from the compensation or individual and received more than \$100 mat received more than \$100 ma	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes N 3 X 4 X 5 Sation from (C) Compensation
c Total from continuation sheets to Pad Total (add lines 1b and 1c)	but not limited to the sum of reportable as \$150,000? If "Yes, we or accrue compered to complete Schedul est compensated incomposition for the calendary of the calendary	ee, k ee, k consatic	iliste  key e  mple on fr  or su  nder e  0 0	d ab	oyee oyee oyee oyee oyee oyee oyee oyee	and unre	higi oth	0. 1,376,558.  sceived more than \$100,  hest compensated emplorer compensation from the compensation or individual and organization or individual the organization or individual state organization of state organization organization of state organization organization of state organization organization of state organization organization organization organization organization of state organization organi	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Yes N 3 X 4 X 5 Sation from (C)

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

04-6186012

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded Unrelated Related or exempt Total revenue function revenue business revenue from tax under sections 512 - 514 26,244. 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts b Membership dues c Fundraising events ....... d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 9,351,474. similar amounts not included above 505,294. g Noncash contributions included in lines 1a-1f 9,377,718 Total. Add lines 1a-1f **Business Code** 79,264. 2 a Participant Fees Learning Trips 79,264. 624200 Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 233,948. 233,948. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (ii) Personal (i) Real 483,589 6 a Gross rents ..... 6a 387,148. 6b b Less: rental expenses ... 96,441. c Rental income or (loss) 50,948. 19.387. 26,106. 96,441. d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 98,740. 222,687. assets other than inventory b Less: cost or other basis 14,811. and sales expenses ....... Other Revenue 222,687. 83,929. 7c c Gain or (loss) 306,616. 306,616. d Net gain or (loss) ..... 8 a Gross income from fundraising events (not including \$ \_ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10b b Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a d All other revenue e Total. Add lines 11a-11d 19.387. 566,670. 130,212. 10,093,987. Total revenue. See instructions

Form 990 (2019) Committee Inc.

Part IX Statement of Functional Expenses

CIIC	TIX Statement of Punctional Expenses on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a response	e or note to any line in th		(0)	(D)
00 n	ot include amounts reported on lines 6b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		615 007		
	and domestic governments. See Part IV, line 21	615,887.	615,887.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				2 To 18 4 SECTION DE 1
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	550 240	558,240.		
	individuals. See Part IV, lines 15 and 16	558,240.	550,240.		CONTRACTOR CONTRACTOR
	Benefits paid to or for members				A
	Compensation of current officers, directors,	047 502	607,260.	188,370.	51,962
	trustees, and key employees	847,592.	007,200.	100/0.01	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2,748,638.	2,367,022.	301,071.	80,545
7	Other salaries and wages	2,140,030.	2,307,022.	3027	
8	Pension plan accruals and contributions (include	226 161	269,750.	44,393.	12,018
	section 401(k) and 403(b) employer contributions)	326,161. 676,877.	559,808.	92,127.	24,942
9	Other employee benefits	266,789.	220,612.	36,339.	9,838
0	Payroll taxes	200,703.	220,012.		
1	Fees for services (nonemployees):				
	Management	13,550.	4,750.	8,800.	
	Legal	58,500.	2//501	58,500.	
С	Accounting	30,300.			
d	Lobbying	156,540.			156,540
е	Professional fundraising services. See Part IV, line 17	130,340.			
f	Investment management fees				
g		540,179.	538,673.		1,506
	column (A) amount, list line 11g expenses on Sch O.)	340,175.	330/0.0		
2	Advertising and promotion				
13	Office expenses	158,405.	130,456.	15,563.	12,386
4	Information technology	130,1001			
15	Royalties	145,095.	102,045.	23,629.	19,421
16	Occupancy	305,086.	289,913.	4,075.	11,098
7	Travel	303,0001			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	40,707.	21,141.	15,921.	3,645
19	Conferences, conventions, and meetings	57,583.	41,820.	9,069.	6,694
20	Interest				
21	Payments to affiliates	223,948.	150,521.	47,628.	25,799
22	Depreciation, depletion, and amortization	56,466.	38,820.	11,446.	6,200
23	Other expenses. Itemize expenses not covered				
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	Printing & Publications	332,710.	285,019.		47,68
a	Destage C Chinning	293,530.	249,012.	665.	43,85
b	Garanti a a	26,518.	12,892.		8,70
c	m 1 h	23,766.	15,526.		3,10
		246,095.	33,062.		186,06
	All other expenses  Total functional expenses. Add lines 1 through 24e	8,718,862.	7,112,229.	894,635.	711,99
25	Joint costs. Complete this line only if the organization				
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				00 00
	Check here X if following SOP 98-2 (ASC 958-720)	601,767.	511,502.	0.	90,26 Form <b>990</b> (20

Form 990 (2019) Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 2,509,632. 1,303,748. Cash - non-interest-bearing 4,796,497. 1 3,582,224. Savings and temporary cash investments 536,297. 2 1,490,187. 3 Pledges and grants receivable, net 144,010. 3 391,398. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 105,570. 124,961. 7 Notes and loans receivable, net 8 Assets Inventories for sale or use 383,524. 169,611. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 9,021,427. basis. Complete Part VI of Schedule D 10a 5,606,983. 5,879,839. b Less: accumulated depreciation 10b 3,414,444. 10,604,285. 10,722,536. 11 Investments - publicly traded securities 11 5,416,448. 5,050,546. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 49,878. 49,559. 15 Other assets. See Part IV, line 11 15 30,153,124. 28,764,609. 16 Total assets. Add lines 1 through 15 (must equal line 33) 807,408. 16 694,503. 17 Accounts payable and accrued expenses 17 18 Grants payable \_\_\_\_\_ 18 19 Deferred revenue ..... 2,377,255. 19 2,477,894. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Liabilities 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 125,000. 23 125,000. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 788,663. 643,508. 25 of Schedule D 4,098,326. 3,940,905. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 16,490,318. 15,391,134. 27 Net assets without donor restrictions 9,564,480. 27 9,432,570. Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 26,054,798. 31 24,823,704. 32 Total net assets or fund balances 30,153,124. 32 28,764,609. Total liabilities and net assets/fund balances 33 Form 990 (2019)

	COMMITCECC TITO					
orm	990 (2019)  **Example 1110  **Continue to 2019   Continue to 2019   Co					X
Par	Check if Schedule O contains a response or note to any line in this Part XI				***	[22]
			10,			37.
	Total revenue (must equal Part VIII, column (A), line 12)	1			,86	
2	Total expenses (must equal Part IX, column (A), line 25)	2			,12	
3	Because less expenses. Subtract line 2 from line 1	3	24,			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				, 04	
5	Net unrealized gains (losses) on investments	5		121	. , 04	± U •
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		2.0	0.0	2.1
9	Other changes in net assets or fund balances (explain on Schedule O)	9		- 42	2,99	91.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		0.6	0 = /	. 7	0.0
10	column (B))	10	26,	054	£ , /:	98.
Par	t XIII Financial Statements and Reporting					
Section, or	Check if Schedule O contains a response or note to any line in this Part XII			······		<u> </u>
	CHOCKITOCITICAL		E	ndan mili	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	Э.	8	41.545		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	AND IN	X
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:		100		¥	
	Separate basis Consolidated basis Both consolidated and separate basis					17121
	Were the organization's financial statements audited by an independent accountant?			2b	X	A.M. Michigan Inc.
a	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	į.			
	consolidated basis, or both:		dige			
	X Separate basis Consolidated basis Both consolidated and separate basis		9			
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
С	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 on Sch	edule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit				
За	As a result of a federal award, was the organization required to undergo an additional action and OMB Circular A-133?		L	За		X
-	Act and OMB Circular A-133?  If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
b	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	or audits, explain why on Schedule O and describe any steps taken to undergo down addition		1	Form	990	(2019)

### 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.

Go to www.irs.gov/Form990 for instructions and the latest information. Unitarian Universalist Service

OMB No. 1545-0047

Open to Public Inspection

Internative		arian Univ	ersalist Ser	vice			Employe	r identification number
Name of		nittee Inc	CIDALIDO DOL	, 100			0	4-6186012
Part I	Reason for Public		All organizations must c	omplete th	nis part.) Se	ee instructions	S.	
The organ	nization is not a private found	dation because it is. (	ror lines i tillodgn 12, c	d in coetic	one 20(h)(	1)/ A)/i)		
1 📙	A church, convention of ch					1)(\(\times)(1).		
2	A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in s	ection 170	0(b)(1)(A)(i	11).	= .	11 1 24 11
4	A medical research organiz	zation operated in co	njunction with a hospital	described	in section	on 170(b)(1)(A	)(III). Enter	the nospital's name,
	city, and state:							
5	An organization operated f	or the benefit of a co	llege or university owner	d or operat	ted by a go	overnmental u	nit describ	ed in
	section 170(b)(1)(A)(iv). (							
6	A federal, state, or local go	vernment or governn	nental unit described in	section 1	70(b)(1)(A)	)(v).		
7 X	An organization that norma	ally receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general	public described in
/ 22	section 170(b)(1)(A)(vi). (C		, , , , , , , , , , , , , , , , , , ,	Ü				
• 🗀	A community trust describe		(1)(A)(vi) (Complete Par	+ 11 )				
8	An agricultural research org	ed in Section 170(b)	in acetion 170/h/11/A/	iv) operat	ed in coni	inction with a	land-grant	college
9 🔲	An agricultural research or	ganization described	Ill section 170(D)(1)(A)(	Enter the	nama city	and state of	the college	e or
	or university or a non-land-	grant college of agric	ulture (see instructions).	Litter the	marrie, city	, and state of	tilo comegi	
	university:		00 4 /00/ - 1 /1			na mambarsh	nin foos ar	nd gross receipts from
10	An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from (	contributio	ns, membersi	iip iees, ai	from areas investment
	activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	more than	1 33 1/3% 01 11	s support	irom gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) from	om busines	sses acqui	red by the org	janization a	arter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		191 N. 101
12	An organization organized	and operated exclusi	ively for the benefit of, to	perform t	he function	ns of, or to ca	rry out the	purposes of one or
30300 1	more publicly supported or	rganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section !	509(a)(3). (	Check the box in
	lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
u	the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustee	es of the su	upporting
	organization. You must	complete Part IV. Se	ections A and B.					
	Type II. A supporting org	complete runery, ec	or controlled in connec	tion with it	s supporte	ed organization	n(s), by hav	/ing
b	control or management of	fallization supervised	onization vasted in the s	ame nerso	ns that co	ntrol or manag	ne the supi	ported
				arric perso	no that oo		,,	
	organization(s). You mus	st complete Part IV,	Sections A and G.	in connec	tion with r	and functional	ly integrate	ed with
c	Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	D 4 F	ly integrate	, a willi,
	its supported organizatio	n(s) (see instructions	). You must complete	Part IV, Se	ections A,	D, and E.	ted avaani	ration(a)
d	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	zation(s)
	that is not functionally in	tegrated. The organiz	ation generally must sat	isfy a distr	ribution rec	quirement and	an attentiv	veness
	requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	5 SEC. 5557	
е	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type I	II, Type III	18
	functionally integrated, o							
f Ente	er the number of supported of							
a Prov	vide the following information	n about the supporte	d organization(s).					
9 110	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of		(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
			above (see instructions)					
					0.0000 0.000			
Total				All York	150000			

#### Unitarian Universalist Service

04-618601<u>2 Page 2</u>

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

(Complete only if you checked the boy on line 5.7 and 4.5 at 1.5 at

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	8141734.	7674074.	8042642.	6959775.	9351474.	40169699.
2	Tax revenues levied for the organ-						
	ization'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	8141734.	7674074.	8042642.	6959775.	9351474.	40169699.
	The portion of total contributions				September 1		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			+4			
	amount shown on line 11,						
	column (f)						3967749.
6	Public support. Subtract line 5 from line 4.						36201950.
	ction B. Total Support	CONTRACTOR AND ADDRESS OF THE PARTY OF THE P		Manager and Control of the Control o	WHAT THE REAL PROPERTY COUNTY		50201330.
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	8141734.	7674074.	8042642.	6959775.	9351474.	40169699.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			7			
	and income from similar sources	257,222.	303,624.	218,406.	320,506.	260,054.	1359812.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	18,501.	20,116.	14,728.	10,291.	19,387.	83,023.
10	Other income. Do not include gain						
	or loss from the sale of capital					2	
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	41.10 LLD 11.15					41612534.
	Gross receipts from related activities,	etc. (see instruction	ns)				,026,030.
	First five years. If the Form 990 is for						
	organization, check this box and stop			.,	17.		▶□
Sec	tion C. Computation of Public	Support Per	centage				
14	Public support percentage for 2019 (lin	ne 6, column (f) div	rided by line 11, co	olumn (f))		14	87.00 %
	Public support percentage from 2018					15	86.79 %
	33 1/3% support test - 2019. If the o					ore, check this box	
	stop here. The organization qualifies a						
b	33 1/3% support test - 2018. If the o						
	and stop here. The organization quali-						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t				100	_	
	10% -facts-and-circumstances test						
	more, and if the organization meets the						
	organization meets the "facts-and-circu						
	Private foundation. If the organization			The second secon			<b>&gt;</b>
						dule A (Form 990	

Chedule A (Form 990 or 990-EZ) 2019 Committee Inc

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

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

qualify under the tests listed be	low, please com	plete Part II.)		al vi		
Section A. Public Support	1 > 0045	(5) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	10,2011			
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 organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b					Park and the Control of the Control	
8 Public support. (Subtract line 7c from line 6.)			R. HAZZAREZA			
Section B. Total Support						(D.T-tel
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						<u> </u>
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li><li>14 First five years. If the Form 990 is for</li></ul>	r the organization	n's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here	Title organization					
Section C. Computation of Publ	c Support Po	ercentage				
15 Public support percentage for 2019 (	in a Cappert I	divided by line 13	column (f))		15	
<ul><li>Public support percentage for 2019 (</li><li>Public support percentage from 2018</li></ul>	ine 8, column (i)	HIII line 15	,		16	
16 Public support percentage from 2018	stmont Incom	ne Percentage				
Section D. Computation of Inves	stment incom	(0 divided by	line 13 column (f)	)	17	
17 Investment income percentage for 2	019 (line 10c, co	lumn (t), divided by	lifle 13, column (i)	<i></i>	18	
18 Investment income percentage from	2018 Schedule	A, Part III, line 17		no 15 is more than		7 is not
0010 If the	organization did	I not check the bo	x on line 14, and iii	le 13 is more than	00 170701	▶□
16.1	'1' die	I not chack a nov (	on line 14 of line 15	Ja. allu mic ro io ii	10.0	▶ [
b 33 1/3% support tests - 2018. If the line 18 is not more than 33 1/3%, che 20 Private foundation. If the organization						
	11 1 - A - lo lo	a hay on line 1/1 1	9a or 19b check		hedule A (Form 99	

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schedule A (Form 990 or 990-EZ) 2019 Committee Inc

Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2	Section (Section )	
3a		
3b		
3c 4a		
4b		
4c		
5a		
5b 5c		
6		
7	1226	
8		
9a 9b		
96 9c		10° 00 000
10a 10b		
990 or 9	90-F	7) 2019

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	A (Form 990 or 990-EZ) 2019 COMMITTEE INC			
Sche	rt V Supporting Organizations (continued)		Yes	No
1		200.00	E-800	
11	Has the organization accepted a gift or contribution from any of the following persons?	01.005		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	19503501	135-1526-2120-4
	below, the governing body of a supported organization?			
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		Von	No
		ACM515	Yes	IAO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	مال فرسيد في ال		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		Security Card
_	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	organization(s) that operated, supervised, or controlled the supported organization(s) that operated.			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
200	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
Sec	tion 6. Type it supporting organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	Were a majority of the organization's directors of trustees daring the tax year and property of the part VI how control			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s).			
Sec	tion D. All Type III Supporting Organizations		Yes	No
	by the last day of the fifth month of the	98.00		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	STEP SEEDING TO	SECTION OF SHARE
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			of ex
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		44.4	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	2000000000	30544
	the organization maintained a close and continuous working relationship with the supported organization(s).		27.55	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		311012	na ter senio isal
	to the manifestions alound in this regard	3		
Sec	tion F. Type III Functionally Integrated Supporting Organizations	(2)		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see institution)	15].		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		į.	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions,		N.
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes or			
d	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			900
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		4	
	the transfer of the constituted substantially all of its activities.	2a	e 975-038	**************************************
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
р	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		12	
	or the organization's supported organization(s) would have engaged in these			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
	activities but for the organization's involvement.			
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a_		
	trustees of each of the supported organizations? Provide details in Part VI.			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.  Schedule A (Form		90-EZ	2019

- 28	dule A (Form 990 or 990-EZ) 2019 Committee Inc			1-6186012 Page 6
me	dule A (Form 990 or 990-EZ) 2019 Collaborated 509(a)(3) Supporting	Organ	izations	
Par	Type III Non-Functionally integrated decicity cappaigned to Check here if the organization satisfied the Integral Part Test as a qualifying	trust on I	Nov. 20, 1970 (explain in Pa	rt VI). See instructions. A
1	other Type III non-functionally integrated supporting organizations must con	mplete Se	ctions A through E.	
			(A) Prior Year	(B) Current Year (optional)
Section	on A - Adjusted Net Income			
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(D) O Voor
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			ž
•	instructions for short tax year or assets held for part of year):	11		
-	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
-	factors (explain in detail in Part VI):	120		
	Acquisition indebtedness applicable to non-exempt-use assets	2		
2	Subtract line 2 from line 1d.	3		
<u>3</u> 4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
4	see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5	Multiply line 5 by .035.	6		
6	Recoveries of prior-year distributions	7		
7	Minimum Asset Amount (add line 7 to line 6)	8		W.
_8_	Minimum Asset Amount (add into y to into y	1		Current Year
Sec	tion C - Distributable Amount			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	Lating (and instructions)	6	- W	nization (see
7	the organization's first as a non-function	ally integra	ited Type III supporting orga	anization (See

Schedule A (Form 990 or 990-EZ) 2019

instructions).

200 F7 2019 Committee Inc		inations ( ///)	£-0100011 + ago .
chedule A (Form 990 or 990-EZ) 2019 Committee Inc.  Part V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orgar	izations (continued)	Current Year
Part V Type			Current rear
- tion D - Distributions	mpt purposes		
1 Amounts paid to supported organizations to accomplish excl. 2 Amounts paid to perform activity that directly furthers exemp	at purposes of supported		
2 Amounts paid to perform activity that directly furtiles of the			
2 Amounts pare to organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purpose			
3 Administrative expenses paid to accomplish exempt purpose	000000000000000000000000000000000000000		
Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
A del lines 1 through h	le energization is responsive		
Distributions to attentive supported organizations to which to	ne organization is responsive		
(provide details in Part VI). See instructions.			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by line 9 amount		(ii)	(iii)
10 Eine o amount	(i)	Underdistributions	Distributable
Section E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2019	Amount for 2019
Section E - Distribution / Mc Care Control	12 11 1975 20 14 17 17 17 17		100
1 Distributable amount for 2019 from Section C, line 6			
if any for years prior to 2019 (reason-			
able cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015		property and a second contraction	
c From 2016			
d From 2017			
e From 2018			1 1 2 2 2 2 2
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount	We start the start of the start	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	J
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
E Remaining underdistributions for years prior to 2019, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
- Judistributions for 2019 Subtract lines 3n			
and 4b from line 1. For result greater than zero, explain in			*
and 4b from line 1. For result greater than 2010, organizations			
Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			**
a Excess from 2015		4 3 3 3 3	
b Excess from 2016		and the second s	
c Excess from 2017			
d Excess from 2018			
e Excess from 2019		Schedule	A (Form 990 or 990-EZ) 201

# Unitarian Universalist Service

con 57 coto Committee Inc	04-6186012 Page 8
Form 990 or 990-EZ) 2019 Committee Inc  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional section D.	V Section B line 1e. Part V.
 (See instructions.)	
	3
•	
 Scho	edule A (Form 990 or 990-EZ) 2

#### Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

Unitarian Universalist Service Committee Inc Employer identification number

04-6186012

Organiza	tion type (check or	ne):					
Filers of:		Section:					
Form 990	or 990-EZ	$\overline{X}$ 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 y	our organization is ly a section 501(c)	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	For an organization property) from any	I filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special F	Rules						
	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
	year, contributions is checked, enter h	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., anplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

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

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury

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

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

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

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

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

Part I-B   Complete if the organization is exempt under section 501(c)(3).  1   Enter the amount of any excise tax incurred by the organization under section 4955   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	000	estion E01(a)(A) (5) or (6) organization	ons: Complete Part III.			
Committee Inc  Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities  Part I-B   Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Name	e of organization IInitaria	n Universalist Se	ervice	Er	
Part I-A   Complete if the organization is exempt under section 501(c) or is a section 527 organization.  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  2 Political campaign activity expenditures  3 Volunteer hours for political campaign activities  Part I-B   Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955  2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	valile					04-6186012
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities  Part I-B   Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955   S   2 Enter the amount of any excise tax incurred by organization managers under section 4955   Yes   No   3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   Yes   No   4a Was a correction made?   Yes   No   4b Was a correction made?   Yes   No   4b Was a correction incurred a section 4955 tax, did it file Form 4720 for this year?   Yes   No   4b Was a correction incurred a section 4955 tax, did it file Form 4720 for this year?   Yes   No   4b Was a correction made?   Yes   No   4c Was a correction made?   Yes   No   4c Was a correction incurred a section 501(c), except section 501(c)(3).  Part I-C   Complete if the organization is exempt under section 527 exempt function activities   \$   5 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities   \$   5 Enter the names, addresses and employer identification number (ElN) of all section 527 political organizations to which the filing organization is funds. Also enter the amount of political made payments. For each organization listed, enter the amount paid from the filing organization sto which the filing organization contributions received and the were promptly and directly delivered to a separate political organization sto which the filing organization is funds. If none, enter 0. (e) Amount of political organization organization from the filing organization is funds. If none, enter 0. (e) Amount of political organization. If none, enter 0. (e) Amount of political organization. If none, enter 0.	Pai	t I-A Complete if the orga	nization is exempt under	section 501(c) o	r is a section 527	organization.
1 Enter the amount of any excise tax incurred by the organization amagers under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Ves No 4a Was a correction made?  b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0.  (e) Amount paid from filing organization's funds. If none, enter -0.  (f) Amount paid from filing organization in filing organization on filing organization. If none, enter -0.	1	Provide a description of the organiza	tion's direct and indirect political	campaign activities ir	Part IV.	<b>&gt;</b> \$
1 Enter the amount of any excise tax incurred by organization managers under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Ves No 4a Was a correction made?  b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from (e) Amount paid from filing organizations in Germanization. If none, enter -0.  If none, enter -0.	-	D C Lie Hills over	enization is exempt under	section 501(c)(3	3).	
2 Enter the amount of any excise tax incurred by organization managers under section 4955 tax, did it file Form 4720 for this year?			by the organization unde	r section 4955	, , , , , , , , , , , , , , , , , , ,	>\$
4a Was a correction made?  bif "Yes," describe in Part IV.  Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter ·0·. If none, enter ·0·. If none, enter ·0·. If none, enter ·0·.	1	Enter the amount of any excise tax ii	curred by organization manager	s under section 4955	)	>\$
4a Was a correction made?  b If "Yes," describe in Part IV.  Part I-C   Complete if the organization is exempt under section 501(c), except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ 4 Did the filing organization file Form 1120-POL for this year?  5 Enter the amount addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter ·0·.	2	Enter the amount of any excise tax in	4055 tox did it file Form 4720 fo	or this year?		Yes No
Diff "Ves," describe in Part IV.	3	If the organization incurred a section	14955 tax, did it life 1 6111 4726 16	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes No
Enter the amount directly expended by the filing organization for section 527 exempt function activities   \$						
1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function activities 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.	De	Complete if the org	anization is exempt unde	r section 501(c),	except section 50	1(c)(3).
2 Enter the amount of the filing organization's funds contributed to other organizations for section 27 exempt function activities  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.	4	Enter the amount directly expended	by the filing organization for sect	ion 527 exempt funct	ion activities	<b>&gt;</b> \$
exempt function activities  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	1		tingle funds contributed to other	er organizations for Se	CHULISEL	
Total exempt function expenditures. Add lines 1 and 2. Enter nere and on Polit 1120-FOL, line 17b.    Inter 17b		exempt function activities				>\$
Did the filing organization file Form 1120-POL for this year?  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.	2	T . I f tion overaditures	Add lines 1 and 2. Enter here an	d on Form 1120-FOL,		
4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.	3	line 17h				<b>\$</b>
Enter the names, addresses and employer identification number (EIN) of all section 527 political organization is which the filling organization is which the filling organization is funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	4		1100 DOL for this year?			
made payments. For each organization listed, enter the amount paid from the limit of station station station and contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filling organization's funds. If none, enter -0  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	- 50	2	(EIN	of all section 527 no	lifical organizations to w	file filling organization
contributions received that were promptly and directly delivered to a separate political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0- left for the political organization if none, enter -0- left for the political organization. If none, enter -0- left for the political organization. If none, enter -0- left for the political organization. If none, enter -0- left for the political organization. If none, enter -0- left for the political organization is not promptly and directly delivered to a separate political organization. If none, enter -0- left for the political organization is not promptly and directly delivered to a separate political organization. If none, enter -0- left for the political organization is not promptly and directly delivered to a separate political organization. If none, enter -0- left for the political organization is not promptly and directly delivered to a separate political organization. If none, enter -0- left for the political organization is not promptly and directly delivered to a separate political organization is not promptly and directly delivered to a separate political organization. If none, enter -0- left for the political organization is not promptly and directly delivered to a separate political organization. If none, enter -0- left for the political organization is not promptly and directly delivered to a separate political organization.	•					
political action committee (PAC). If additional space is needed, provide information in Part V.  (a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds. If none, enter -0.  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.		contributions received that were pro	moth and directly delivered to a	separate political orga	arrization, odon de a sep	arate segregated fund of a
(a) Name  (b) Address  (c) EIN  filing organization's funds. If none, enter -0.  filing organization's funds. If none, enter -0.  If none, enter -0.  If none, enter -0.		political action committee (PAC). If a	additional space is needed, provide	de information in Fart	10.	
funds. If none, enter -0- funds. If none, en		(a) Name	(b) Address	(c) EIN		The second second
political organization. If none, enter -0						-0- promptly and directly
If none, enter -0					The second secon	delivered to a separate
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			,			

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

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	Unitalian of			04.6	186012 Page:
chedule C (Form 990 or 990-EZ) 2019	Committee Ir	1C	FO1(a)(2) and file	d Form 5768 (ele	ction under
chedule C (Form 990 or 990-EZ) 2019	janization is exem	pt under section	501(c)(3) and the	u Form 5700 (ele	Ottom ando
Manager 1	ation belongs to an affili	ated group (and list in I	Part IV each affiliated	group member's name	e, address, EIN,
Cliebic - avnonces and sha	re of excess lobbying ex	xpenditures).			
	ation checked box A and	d "limited control" prov	risions apply.		
Citedit				(a) Filing	(b) Affiliated group
Limi	its on Lobbying Expen	ditures		organization's totals	totals
(The term "expen	ditures" means amour	its paid or incurred.)			
1a Total lobbying expenditures to infl	uence public opinion (a	rassroots lobbying)		26,409.	
<ul><li>Total lobbying expenditures to infl</li><li>Total lobbying expenditures to infl</li></ul>	uence pasiic opinion (g	(direct lobbying)		20,883.	
b Total lobbying expenditures to infiniture c Total lobbying expenditures (add l	tience a legislative body	, (0,,001,000,000)		47,292.	
c Total lobbying expenditures (add i	ines ra and rb)			7,959,572.	
d Other exempt purpose expenditur	8,006,864.				
e Total exempt purpose expenditure	es (add lines 1c and 1d)	f. II in a table in both	columns	550,343.	
f Lobbying nontaxable amount. Ent	er the amount from the	following table in both	columns.		
If the amount on line 1e, column (a)		oying nontaxable amo	unt is:		
Not over \$500,000		he amount on line 1e.	\$500,000		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over					
Over \$1,000,000 but not over \$1,5	000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000.				4700
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exces			
Over \$17,000,000	\$1,000,0	000.			
·				137,586.	
g Grassroots nontaxable amount (en	nter 25% of line 1f)			137,386.	
h Subtract line 1g from line 1a. If ze	ro or less, enter -0			0.	
. a	o or less enter -0-			0.	
j If there is an amount other than ze	ero on either line 1h or l	ine 1i, did the organiza	tion file Form 4720	1	<b>–</b> –
reporting section 4911 tax for this	vear?				Yes N
	4 W A.	raging Period Under	Section 501(h)	entra esta esta esta esta esta esta esta est	****
(Some organizations	that made a section 50	1(h) election do not h	ave to complete all o	of the five columns be	elow.
(000 0.3	See the separa	ate instructions for im	es za tinough zii)		
	Lobbying Exper	ditures During 4-Yea	r Averaging Period		
					/-) Tetal
Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
(or fiscal year beginning in)					
					0 004 654
2a Lobbying nontaxable amount	587,746.	578,943.	567,622.	550,343.	2,284,654
					- 105 001
b Lobbying ceiling amount				多数是1400mm (1500mm)	3,426,981
(150% of line 2a, column(e))		Service Control of the Control of th			
_ 3 ( ) ( ) ( ) ( ) ( ) ( ) ( )	91,589.	42,585.	24,910.	47,292.	206,376
c Total lobbying expenditures	71,303.				
50 9 90 90 possession	146,937.	144,736.	141,906.	137,586.	571,165
d Grassroots nontaxable amount	140,337.	111//004	CONTRACTOR OF THE STATE OF THE		
e Grassroots ceiling amount					856,748
(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2019

102,181.

26,409.

12,819.

30,269.

32,684.

f Grassroots lobbying expenditures

Chiedule C (Form 990 or 990-EZ) 2019 Committee Inc 04-6186012 Page 3

[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)).

reponse on lines 1a through 1i below, provide in Part IV a detailed description tivity.  The ear, did the filing organization attempt to influence foreign, national, state, or sion, including any attempt to influence public opinion on a legislative matter m, through the use of:  The management (include compensation in expenses reported on lines 1c through 1i)?  The members, legislators, or the public?  The organizations for lobbying purposes?  The organizations for lobbying purposes?  The organizations, seminars, conventions, speeches, lectures, or any similar means?  The organizations is the organization to be not described in section 501(c)(3)?  The organization is 1 cause the organization to be not described in section 501(c)(3)?  The organization is 1 cause the organization to be not described in section 501(c)(3)?  The organization is 1 cause the organization and the organization managers under section 4912  The organization is 1 cause the organization managers under section 4912  The organization is 1 cause the organization managers under section 4912	Yes	No	Amo	ount
ion, including any attempt to influence public opinion on a legislative matter m, through the use of:  management (include compensation in expenses reported on lines 1c through 1i)?  tisements?  members, legislators, or the public?  is, or published or broadcast statements?  ther organizations for lobbying purposes?  ict with legislators, their staffs, government officials, or a legislative body?  constrations, seminars, conventions, speeches, lectures, or any similar means?  icies?  mes 1c through 1i  vities in line 1 cause the organization to be not described in section 501(c)(3)?  er the amount of any tax incurred under section 4912  er the amount of any tax incurred by organization managers under section 4912				1
management (include compensation in expenses reported on lines 1c through 1i)?  tisements?  members, legislators, or the public?  s, or published or broadcast statements?  her organizations for lobbying purposes?  cct with legislators, their staffs, government officials, or a legislative body?  constrations, seminars, conventions, speeches, lectures, or any similar means?  cies?  mes 1c through 1i  cities in line 1 cause the organization to be not described in section 501(c)(3)?  er the amount of any tax incurred under section 4912  er the amount of any tax incurred by organization managers under section 4912				7 79
management (include compensation in expenses reported on lines 1c through 1i)?  tisements?  members, legislators, or the public?  s, or published or broadcast statements?  her organizations for lobbying purposes?  cct with legislators, their staffs, government officials, or a legislative body?  constrations, seminars, conventions, speeches, lectures, or any similar means?  cies?  mes 1c through 1i  cities in line 1 cause the organization to be not described in section 501(c)(3)?  er the amount of any tax incurred under section 4912  er the amount of any tax incurred by organization managers under section 4912				
members, legislators, or the public? s, or published or broadcast statements? her organizations for lobbying purposes? ct with legislators, their staffs, government officials, or a legislative body? constrations, seminars, conventions, speeches, lectures, or any similar means? cies?  nes 1c through 1i cities in line 1 cause the organization to be not described in section 501(c)(3)? er the amount of any tax incurred under section 4912 er the amount of any tax incurred by organization managers under section 4912				
her organizations for lobbying purposes?  ct with legislators, their staffs, government officials, or a legislative body?  constrations, seminars, conventions, speeches, lectures, or any similar means?  cies?  nes 1c through 1i  vities in line 1 cause the organization to be not described in section 501(c)(3)?  er the amount of any tax incurred under section 4912  er the amount of any tax incurred by organization managers under section 4912				
her organizations for lobbying purposes?  ct with legislators, their staffs, government officials, or a legislative body?  constrations, seminars, conventions, speeches, lectures, or any similar means?  cies?  nes 1c through 1i  crities in line 1 cause the organization to be not described in section 501(c)(3)?  er the amount of any tax incurred under section 4912  er the amount of any tax incurred by organization managers under section 4912				
ct with legislators, their staffs, government officials, or a legislative body?  constrations, seminars, conventions, speeches, lectures, or any similar means?  cies?  nes 1c through 1i  crities in line 1 cause the organization to be not described in section 501(c)(3)?  er the amount of any tax incurred under section 4912  er the amount of any tax incurred by organization managers under section 4912				
onstrations, seminars, conventions, speeches, lectures, or any similar means?  iles?  nes 1c through 1i  vities in line 1 cause the organization to be not described in section 501(c)(3)?  er the amount of any tax incurred under section 4912  er the amount of any tax incurred by organization managers under section 4912				
nes 1c through 1i  vities in line 1 cause the organization to be not described in section 501(c)(3)?  er the amount of any tax incurred under section 4912  er the amount of any tax incurred by organization managers under section 4912				
nes 1c through 1i  vities in line 1 cause the organization to be not described in section 501(c)(3)?  er the amount of any tax incurred under section 4912  er the amount of any tax incurred by organization managers under section 4912				
vities in line 1 cause the organization to be not described in section 501(c)(3)?  er the amount of any tax incurred under section 4912  er the amount of any tax incurred by organization managers under section 4912				
vities in line 1 cause the organization to be not described in section 501(c)(3)?  er the amount of any tax incurred under section 4912  er the amount of any tax incurred by organization managers under section 4912		1		
er the amount of any tax incurred by organization managers under section 4912				
	THE REAL PROPERTY.			
rganization incurred a section 4912 tax, did it file Form 4720 for this year?				
omplete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion	
			Yes	No
antially all (90% or more) dues received nondeductible by members?		1		
		2		
inization agree to carry over lobbying and political campaign activity expenditures from the	e prior year	? 3		
1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OR	(b) Part I	II-A, line	3, is
sments and similar amounts from members		1		
(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal	10 m		
		A STATE		
r		2a		
		1 0 1		
	ess			
		4		
		5		
on see and the see	cantially all (90% or more) dues received nondeductible by members?  anization make only in-house lobbying expenditures of \$2,000 or less?  anization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 01(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered inswered "Yes."  ssments and similar amounts from members  2(e) nondeductible lobbying and political expenditures (do not include amounts of political which the section 527(f) tax was paid).  are rom last year  amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceptanization agree to carryover to the reasonable estimate of nondeductible lobbying and perform the political expenditures (see instructions)  supplemental Information	cantially all (90% or more) dues received nondeductible by members?  anization make only in-house lobbying expenditures of \$2,000 or less?  anization agree to carry over lobbying and political campaign activity expenditures from the prior year omplete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR inswered "Yes."  ssments and similar amounts from members  2(e) nondeductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid).  ar amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues here sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess reganization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (see instructions)	cantially all (90% or more) dues received nondeductible by members?  anization make only in-house lobbying expenditures of \$2,000 or less?  anization agree to carry over lobbying and political campaign activity expenditures from the prior year?  omplete if the organization is exempt under section 501(c)(4), section 501(c)(5), or sec 01(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines 1 and 2, are answered "No" or (c) (5), or sec on (c) (6) and if either (a) Bottlines (bottlines (see instruction of the section 501(c) (4), section 501(c) (5), or sec on (c) (6) (4), section 501(c) (6) and	rantially all (90% or more) dues received nondeductible by members?  anization make only in-house lobbying expenditures of \$2,000 or less?  anization agree to carry over lobbying and political campaign activity expenditures from the prior year?  anization agree to carry over lobbying and political campaign activity expenditures from the prior year?  3 complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 01(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, lines newered "Yes."  I sements and similar amounts from members  2(e) nondeductible lobbying and political expenditures (do not include amounts of political for which the section 527(f) tax was paid).  are room last year  amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  are sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess ganization agree to carryover to the reasonable estimate of nondeductible lobbying and political enext year?  anount of lobbying and political expenditures (see instructions)  5 cupplemental Information

### SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number 04-6186012

▶Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Unitarian Universalist Service Internal Revenue Service Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Name of the organization (b) Funds and other accounts organization answered "Yes" on Form 990, Part IV, line 6. Part I (a) Donor advised funds Total number at end of year ..... Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 2 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Aggregate value at end of year 3 No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 6 Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Protection of natural habitat Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 4 ..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 7 No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. organization's accounting for conservation easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works Part III of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X\* If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 10-02-19

Schedule D (Form 990) 2019

## Unitarian Universalist Service

d	nadule D (Form 990) 2019 COMMITT						04 - 61	.86012	2 Page	2
D		collections of Ar	t, Historical Tre	easures, or	r Othe	r Simila	r Asset	S (contin	iued)	_
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make s	ignificant ı	use of its			
	collection items (check all that apply):									
2	Public exhibition	c		hange progra						
b	Scholarly research	е	Other							_
c										
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit of								Name and A	
	to be sold to raise funds rather than to be ma							Yes	N	0
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "	Yes" on	Form 990	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contributions	s or other ass	ets not	included			-	_
, ,	on Form 990, Part X?							Yes	N	0
h	If "Yes," explain the arrangement in Part XIII							_ 163		,
-		and complete the for	ownig table.					Amount		_
С	Beginning balance					1c		Amount		_
q	Additions during the year									
e	Distributions during the year									
f	Ending balance					1f				_
	Did the organization include an amount on Fe							Yes	N	_
	If "Yes," explain the arrangement in Part XIII.	and the second				,			H "	,
	rt V Endowment Funds. Complete i							***************************************		_
	STATE OF THE PARTY	(a) Current year	(b) Prior year	(c) Two years		(d) Three y	ears hack	(e) Four	years back	_
1a	Beginning of year balance	15,286,851.	14,539,232.	12,738			70,558.	200000	188,326	_
b	0	1,963,288.	668,430.	2,005	-		25,857.		821,152	_
c	Net investment earnings, gains, and losses	366,626.	1,452,677.	1,046	_		72,031.		286,426	_
d	Grants or scholarships				,					÷
e	0.1 11. 1 1 11.1									_
·	and programs	1,137,583.	1,292,941.	1,170	730.	1 5	42,957.	1	252,498	
f	Administrative expenses	88,840.	80,547.		,501.		86,834.		72,848	-
g	End of year balance	16,390,342.	15,286,851.	14,539			38,655.	11	970,558	-
2	Provide the estimated percentage of the curr				,		,		, , , , , ,	-
a	Board designated or quasi-endowment	56.67	%	, noid as.						
b	Permanent endowment ▶ 37.08	%								
c	Term endowment ▶ 6.25									
-	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	- U many	tion that are held an	d administere	d for th	e organiza	tion			
	by:	solori or the organizat	don that are note an	a administere		o organiza	tioi i	,	Yes No	_
	(i) Unrelated organizations							3a(i)	X	-
	(ii) Related organizations							3a(ii)	X	-
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule R?					3b		_
4	Describe in Part XIII the intended uses of the			***************************************				00		_
Pai	t VI Land, Buildings, and Equipme									-
	Complete if the organization answered	l "Yes" on Form 990.	Part IV. line 11a. Se	ee Form 990.	Part X.	line 10.				
	Description of property	(a) Cost or ot				cumulated	4 T	(d) Book	value	-0
		basis (investm	, ,		. ,	reciation		(u) Doon	raido	
1a	Land	<del></del>		0,001.		Section 1	ME STORY	970	,001.	
	Buildings			5,473.	2.5	86,89	8.	4,429		
	Leasehold improvements		1	,		,		,	,	-
	Equipment		1.034	1,953.	8	327,54	6.	207	,407.	-
	Other									_
	. Add lines 1a through 1e. (Column (d) must ed		column (B) line 10	C.)			▶ !	5,606	,983.	-
_	TO STATE OF THE ST						_			_

Committee Inc

denedule D (Form 330) and VIII Investments - Other Securities.			
lets if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-	of year market value
Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	Oi-year market value
=			
(1) Financial derivatives (2) Closely held equity interests			
(a) Other			
(A) Government Issued		25 1 1	77-7
(B) Securities	2,846,807.	End-of-Year Market	value
(C) Corporate Bonds	2,393,694.	End-of-Year Market	Value
(D) Assets Related to Pooled			1
(E) Funds	175,947.	End-of-Year Market	Value
(F)			
(F)			
(G) (H)			The second secon
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,416,448.		*10 CHEST & SHOWN
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
	(4)		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.	9900 NORMAN BRE L PE DANS DE 100	000 Dat V Fee 15	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	(b) Book value
(a)	Description		(5) 50011 14115
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15.)	▶	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
11			
(1) Federal income taxes (2) Gift Annuities Payable			521,522.
Ti hilitian Under Mruet Ac	reement		594.
Doformod Per	zenile		59,135.
(4) Pooled Income Deletted Re-	em em		
(5) Paycheck Protection Progra	AIII		207,412.
(6) Advance			
(7)			
(8)			
(9)			788,663.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	U	
<ol> <li>Column (b) must equal Form 990. Part X. Col. (B) line</li> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>	the text of the footnote to	the organization's linancial statements the	vided in Part XIII
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the loothole has been pro	edule D (Form 990) 2019

Jnitarian	OHITAGE	, allo	
Committee	Inc		

chedule D (Form 990) 2019 Committee IIIC	tements With Revenue pe	er Return.	
Schedule D (Form 990) 2019 Committee IIIC  Part XI Reconciliation of Revenue per Audited Financial Sta	ine 12a		
the organization answered Yes off Form 990, Factor,		1 . 1 10	,337,104.
aging and other support per audited financial statements			
. Lided on line 1 but not on Form 950, Fait VIII, Illic 12.	<sub>2a</sub>   -121,0	40.	
read going (losses) on investments			
Basetod services and use of facilities			
Decoveries of prior year grants		57	
Other (Describe in Part XIII.)			243,117.
Add lines 2s through 2d		2e	0,093,987.
2 Subtract line 2e from line 1		3 10	7,055,50,5
a supply load on Form 990, Part VIII, line 12, but not on line 1:	T T		
to a transfer expenses not included on Form 990, Part VIII, line 75	4a		
Cut (Describe in Part VIII.)	4b		0.
4 d Ab		4c	0,093,987.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5 1	0,093,901.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1 Part XII Reconciliation of Expenses per Audited Financial S	tatements With Expenses	per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		105 010
Total expenses and losses per audited financial statements		1	9,106,010.
1 Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses	207	148.	
d Other (Describe in Part XIII.)	20		387,148.
a Add lines 2a through 2d			8,718,862.
3 Subtract line 2e from line 1		2000	
Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . [		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b. Other (Describe in Part XIII.)	40	10	0.
A LUE - A- and Ab		4c	8,718,862.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) ······	5	0,710,0021
			O. Dort VI
20 11 the descriptions required for Part II lines 3, 5, and 9; Part III, lines 1a ar	nd 4; Part IV, lines 1b and 2b; Part	V, line 4; Part X, II	ne 2, Part AI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional information.		
lines 2d and 4b, and Fart Air, into 2d and			
Part V, line 4:			
		2.2	
UUSC'S endowment funds support programs	with an annual sp	ending ra	te of
UUSC'S endowment runds support programment			
5%.			
Part X, Line 2:			
	tow positio	ons based	on a
UUSC accounts for the effect of any unce	ertain tax position	one Bases	
	1 £ +1	an tay no	gitions
"more likely than not" threshold to the	recognition of the	ie tax pos	STCTOILD
being sustained based on the technical r	merits of the pos:	ition unde	=======================================
scrutiny by the applicable taxing author	rity. If a tax po	osition of	<u> </u>
scruting by the applicable same			
positions are deemed to result in uncer	tainties of those	position	s, the
positions are deemed to result in whose			
unrecognized tax benefit is estimated b	ased on a "cumula	tive prob	ability
unrecognized tax benefit is estimated b			
assessment" that aggregates the estimat	ed tax liability	for all u	ncertain
assessment" that aggregates the estimat	ca can ilaniii	Schedu	le D (Form 990) 2019
932054 10-02-19			

Committee Inc	
Chedule D (Form 990) 2019 COllul Cocce Tito  Part XIII Supplemental Information (continued)	
itions. UUSC has identified its tax status as a tax exemp	t entity
and its determination of which income is related and unrelated as	its only
and its determined that such tax positions and has determined that such tax positions and has determined that such tax positions.	ons do
not result in uncertainty requiring recognition. UUSC is not cur	rently
not result in uncertainty requiring recognization	l state
under examination by any taxing jurisdiction. UUSC's Federal and	
income tax returns are generally open for examination for three ;	
after the date of filing.	
Part XI, Line 2d - Other Adjustments:	
	387,148.
	-22,991.
Change in value of Spiro smear	364,157.
Total to Schedule D, Part XI, Line 2d	
Part XII, Line 2d - Other Adjustments:	
Rental expense	387,148.
	1
Sche	dule D (Form 990) 2019

# SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name of the organization

Unitarian Universalist Service

04-6186012

Unitalian one				04-618601	
Committee Inc Part   General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	'es" on
Farm 000 Part IV	line 14h				
1 For grantmakers Does	the organization	maintain record	ds to substantiate the amount of its gran	nts and other assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assistance? X	Yes No
8					
2 For grantmakers. Descri	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and other assistance outsi	de the
United States.					
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is no	eeded.)	I (O Tatal
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	<ul><li>(e) If activity listed in (d) is a program service,</li></ul>	(f) Total expenditures
	offices	employees, agents, and	(by type) (such as, fundraising, program services, investments, grants to	describe specific type	for and
	in the region	independent contractors	recipients located in the region)	of service(s) in the region	investments in the region
		in the region	recipients located in the regiony	0, 00, 110 (0)	III the region
					2
Central America and			Grants to Recipients		450 550
the Caribbean	0	0	Located in the Region		159,750.
East Asia and the			Grants to Recipients		250 757
Pacific	0	0	Located in the Region		259,757.
Europe (Including			Grants to Recipients		65 222
Iceland & Greenland)	0	0	Located in the Region		65,233.
			Grants to Recipients		73,500.
North America	0	0	Located in the Region		73,300.
				*	
		=			
					-
		1			
			1		
					558,240.
3 a Subtotal	0	0			
b Total from continuation					0.
sheets to Part I	0	0			
c Totals (add lines 3a	_		No. of the second second		558,240.
and 3b)	0	0		2 STATE OF THE PROPERTY OF THE	(Form 990) 2019

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

Schedule F (Form 990) 2019

Unitarian Universalist Committee Inc

Schedule F (Form 990) 2019

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

Schedule F (Form 990) 2019 (i) Method of valuation (book, FMV, appraisal, other) (h) Description of noncash assistance 0 0 0 0 0  $\blacktriangle$ 0 0 0 (g) Amount of assistance noncash Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt cash disbursement 30,000. Wire Transfer 25,000, Wire Transfer 45,000, Wire Transfer 20,000. Wire Transfer 20,000. Wire Transfer Wire Transfer 10,000. Wire Transfer 17,000, Wire Transfer (f) Manner of 17,750. of cash grant (e) Amount by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of grant Humanitarian Humanitarian Humanitarian Humanitarian Humanitarian Humanitarian Humanitarian **Iumanitarian** Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance ind the Caribbean East Asia and the and the Caribbean Central America (c) Region Enter total number of other organizations or entities (b) IRS code section and EIN (if applicable) (a) Name of organization က

932072 10-12-19

Unitarian Universalist Service Committee Inc

Schedule F (Form 990)  Part II Continuation of	Committee Committee	ttee Inc	(Form 990)  Committee Inc  Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	United States.	04-6186012 (Schedule F (Form 990), Part II, line 1)	36012 30), Part II, line 1)		Pane
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ia and the	Humanitarian					
		Pacific	Assistance	25,000.	25,000. Wire Transfer	0.	***************************************	
		ia and the	Humanitarian					
		Pacific	Assistance	22,857.	22,857. Wire Transfer	0.		
		East Asia and the Pacific	Humanitarian Assistance	15 000.	15 000 Wire Transfer	0		
		East Asia and the	Humanitarian					
		Pacific	Assistance	27,950.	27,950, Wire Transfer	.0		
		East Asia and the	Humanitarian					
		Pacific	Assistance	35,010.	010, Wire Transfer	0.		
		East Asia and the	Humanitarian	, c		c		
		Pacific	Assistance	.000,62	25,000. Wire Transier	0		
		East Asia and the	Humanitarian					
		Pacific	Assistance	25,000.	Wire Transfer	0.		
		East Asia and the	Humanitarian Assistance	000	20 000 Wire Gransfer	C		
		2						
		East Asia and the	Humanitarian besistanse	м С	2 500 Wire Arease	c		
		Facility	Assistante	22,10	Wile manores	,		

932182 04-01-19

Unitarian Universalist Service Committee Inc

Schedule F (Form 990)

04-6186012

(i) Method of valuation (book, FMV, appraisal, other) (h) Description of non-cash assistance (Schedule F (Form 990), Part II, line 1) 0 0 0 0 0 0 0 0 0 (g) Amount of non-cash assistance cash disbursement 20,000. Wire Transfer 27,000, Wire Transfer 16,500, Wire Transfer 1,733, Wire Transfer 25,000, Wire Transfer 25,000. Wire Transfer 13,500, Wire Transfer 25,440. Wire Transfer 10,000, Wire Transfer (f) Manner of of cash grant Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (e) Amount (d) Purpose of grant Humanitarian **Humanitarian** Humanitarian Humanitarian Humanitarian Humanitarian **Iumanitarian** Humanitarian Humanitarian Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance Assistance Europe (Including East Asia and the Europe (Including East Asia and the Europe (Including Europe (Including North America North America North America (c) Region Greenland) Greenland) Greenland) Greenland) Iceland & Iceland & celand & celand & Pacific Pacific (b) IRS code section and EIN (if applicable) (a) Name of organization Part II

932182

Unitarian Universalist Service Committee Inc

Schedule F (Form 990)

(i) Method of valuation (book, FMV, appraisal, other) Page & (h) Description of non-cash assistance Part III Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) (g) Amount of non-cash assistance 0 04-6186012 cash disbursement (f) Manner of 10,000. Wire Transfer (e) Amount of cash grant (d) Purpose of grant Humanitarian Assistance (c) Region North America (b) IRS code section and EIN (if applicable) (a) Name of organization

932182 04-01-19

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

Schedule F (Form 990) 2019 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of respients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Committee Inc

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of idule F (Form 990) 2019 Supplemental Information investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

## part I, Line 2:

Activities for each grant are outlined in the proposal form and are mutually agreed upon by UUSC and the partner organization. The goals of the project must be in line with UUSC's mission and vision and the partner organization must comply with Department of Treasury regulations.

Once the grant is awarded, the progress of goals and activities is monitored using a results based monitoring and evaluation system that includes the following methods: metrics systems, whole measure rating scale, complex adaptive systems, systems thinking, observation and ethnographic story lines. These methods are implemented through a variety of ways such as site visits, regular phone calls, focus group meetings, written reports, and financial reports.

A written midterm report is requested as well as a financial report. Upon completion of the project, a final written narrative and financial report is requested that analyzes the success and challenges of the project based on the goals and activities outlined in the proposal.

## Schedule F, Part II, Line 2:

The number of grantees listed on Part II, Line 2 represents the number of recipient organizations, not the number of grants made.

## HEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Unitarian Universalist Service

Employer identification number

Name of the organization Committ	ee Inc				04-6186	012
Part I Fundraising Activities.	· Complete if the organization answe	ered "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this par						
Indicate whether the organization rais     X Mail solicitations     X Internet and email solicitations     X Phone solicitations	e X Solicita	tion of tion of	non-g gover	overnment grants nment grants		
d X In-person solicitations	<u> </u>					
2 a Did the organization have a written of	or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees, or	
	art VII) or entity in connection with p				X Yes	No
b If "Yes," list the 10 highest paid indiv					ne fundraiser is to be	)
compensated at least \$5,000 by the			- J			
Compensated at least 40,000 by the	T					_
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con contribution	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Integrated Direct Marketing -		Yes	No			
1250 Connecticut Ave. NW,	Donor Marketing		X /	0.	156,540.	0.
						- 10 (10 (10 (10 (10 (10 (10 (10 (10 (10
		-				
						· .
					156,540.	
Total				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3 List all states in which the organization or licensing.						
MN, RI, HI, OK, FL, CO, WI,	DC, AK, AR, AL, UT, WV, N	MA, P	A,S	C, CA, IN, NC	,NH,NY,OH,	OR, VA, WA
CT, ME, GA, IL, KS, KY, MD, I	MI,NJ,NM,TN,MS,LA,	I, ON	D,A	Z		
						1000

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

See Part IV for continuations

Schedule G (Form 990 or 990-EZ) 2019

## Unitarian Universalist Service

04-6186012 Page 2

		Fundraising Events. Complete if the fundraising event contributions and group of fundraising event contributions and group event contributions and group event contributions and group event contributions and group event contributions are group events.	(a) Event #1	od "Yes" on Form 990, Pa 0-EZ, lines 1 and 6b. List (b) Event #2	(c) Other events	
			(a) Event #1	(5) 210111 112		(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	coi. (c))
an					1	
Pareline	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	10000					
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	c	Rent/facility costs				
X	6	Helibraciity 663.6				
ect	7	Food and beverages				
5	0	Entertainment				
1	8	Other direct expenses				
	10	Direct expense summary, Add lines 4 through	9 in column (d)			
1	11	N	ine 3 column (d)	000 D + N/ 5 10 o	reported more than	
a	rt	Gaming. Complete if the organization	answered "Yes" on For	m 990, Part IV, line 19, of	reported more triair	
		\$15,000 on Form 990-EZ, line 6a.				
_				(b) Pull tabs/instant		
g			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
valide			(a) Bingo	1 ' '	(c) Other gaming	
neveride	1		(a) Bingo	1 ' '	(c) Other gaming	
Hevenue	1	Gross revenue	(a) Bingo	1 ' '	(c) Other gaming	
es Hevenue	1 2		(a) Bingo	1 ' '	(c) Other gaming	
		Gross revenue	(a) Bingo	1 ' '	(c) Other gaming	
Expenses	2	Gross revenue	(a) Bingo	1 ' '	(c) Other gaming	
	2 3 4	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	(a) Bingo	1 ' '		(d) Total gaming (add col. (a) through col. (d
Expenses	2 3 4	Gross revenue  Cash prizes  Noncash prizes	Yes9	bingo/progressive bingo  Wes%	Yes%	col. (a) through col. (
Expenses	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo		col. (a) through col. (
Expenses	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	Yes9	bingo/progressive bingo  Wes%	Yes%	col. (a) through col. (
Expenses	2 3 4 5 6 7	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug	Yes9 No h 5 in column (d)	bingo/progressive bingo  Wes%  No	Yes% No	col. (a) through col. (
Olrect Expenses	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug	Yes9 No h 5 in column (d)	bingo/progressive bingo	Yes% No	col. (a) through col. (
Direct Expenses	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line in the creation conditions and the creation conditions are conditionally in which the organization conditions are conditionally in the organization conditions.	Yes9 No h 5 in column (d) from line 1, column (d)	bingo/progressive bingo	Yes% No	col. (a) through col. (
a Olrect Expenses	2 3 4 5 6 7 8 En	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line inter the state(s) in which the organization conditions the organization licensed to conduct gaming a	Yes9 No h 5 in column (d) 7 from line 1, column (d' ucts gaming activities: ctivities in each of thes	bingo/progressive bingo  Wes%  No  e states?	Yes% No	col. (a) through col. (
n a nivect expenses	2 3 4 5 6 7 8 En	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line in the creation conditions and the creation conditions are conditionally in which the organization conditions are conditionally in the organization conditions.	Yes9 No h 5 in column (d) 7 from line 1, column (d' ucts gaming activities: ctivities in each of thes	bingo/progressive bingo  Wes%  No  e states?	Yes% No	col. (a) through col. (
d m Olirect Expenses	2 3 4 5 6 7 8 En Is	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conduct organization licensed to conduct gaming a "No," explain:	Yes9 No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo  Wes%  No  e states?	Yes% No	col. (a) through col. (
d m Olirect Expenses	2 3 4 5 6 7 8 En Is	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line interest the state(s) in which the organization conduct organization licensed to conduct gaming a "No," explain:	Yes9 No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo  Wes%  No  e states?	Yes% No	col. (a) through col. (
d a d	2 3 4 5 6 7 8 En Is	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 throug  Net gaming income summary. Subtract line inter the state(s) in which the organization conditions the organization licensed to conduct gaming a	Yes9 No h 5 in column (d)  from line 1, column (d) ucts gaming activities: ctivities in each of these	bingo/progressive bingo  Yes%  No  e states?  terminated during the tax	Yes% No	col. (a) through col. (

## Unitarian Universalist Service

	2019 Committee Inc	04-6186012 Page 3
	Form 990 of 990 EZ/ Z3 :-	Yes No
11	poes the organization beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
12	Is the organization a granter, seeming?	Yes No
	togo of gaming activity conducted in.	4 4
	· -t'-m'o facility	13a 9
1/1	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:
	Name ▶	
	Address •	
150	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount of gaming revenue received by the organization	ount
-	of gaming revenue retained by the third party > \$	
С	If "Yes," enter name and address of the third party:	
	Name	
		9
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation > \$	
	Gaming manager compensation	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	☐ Yes ☐ No
	retain the state gaming license?	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the
	organization's own exempt activities during the tax year > \$	and Part III lines 9 9h, 10h.
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v. 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, and rait in, intes o, ob, roo,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional mornation. See mediations	
Sc	hedule G, Part I, Line 2b, List of Ten Highest Paid Fundra	isers:
	node to the second of the seco	
<u>(i</u>	) Name of Fundraiser: Integrated Direct Marketing	
(i	) Address of Fundraiser:	
12	50 Connecticut Ave. NW, Ste. 200, Washington, DC 20036	
	·	
_		- C (Form 000 000 F7) 00:
9320	83 09-11-19 Schedul	e G (Form 990 or 990-EZ) 201

## Unitarian Universalist Service 04-6186012 Page 4 Committee Inc Committee Supplemental Information (continued) Schedule G (Form 990 or 990-EZ)

SCHEDULEI (Form 990)

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

Open to Public Inspection

OMB No. 1545-0

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

No No Employer identification number 04-6186012 X Yes 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 Unitarian Universalist Service Part | General Information on Grants and Assistance Inc criteria used to award the grants or assistance? Committee Name of the organization Department of the Treasury Internal Revenue Service

Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

25 000. Part II can be duplicated if additional space is needed	5 000. Part II can I	be duplicated if additio	nal space is neede	ď.	Ath Mothod of		(L) Dispose of grant
1 (a) Name and address of organization orgovernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	or assistance
							Support final
Allied Media Projects							participatory research
4126 Third St.			000	0			Muslim Anti-Racism Coll
Detriot, MI 48201	01-0559608 501(c)(	501(c)(3)	200,01				
		107					Provide Leadership for
Center for Transformative Action							Transgender Women
119 Anabel Taylor Hall				c			Immigrants
Ithaca, NY 14853	16-0990318	501(c)(3)	.000, 22				
							Support with emergency
Texas Unitarian Universalist							migrant services in Nuevo
Justice Ministry - P.O. Box 1621 -				c			Laredo, MX
Austin, TX 78768	46-3560205 501(c)	501(c)(3)	.000,02				
							Support Peoples Convening
Alaska Institute for Justice						<del>della -</del>	on Climate-Forced
431 West 7th Ave., Suite 208			7	c			Displacement
Anchorage, AK 99501	56-2533062 501(c)	501(c)(3)	173,120				
							Support ongoing civic
Georgia Latino Alliance For Human							engagement, rights
Rights - 7 Dunwoody Park Suite 110			r	c			awareness, and orga
- Atlanta, GA 30338	76-0809155 501(c)	5 501(c)(3)	15,000.				
							Transnational support to
Justice in Motion							migrnat through legal
789 Washington Ave.							action
Brooklyn, NY 11238	72-1597864 501(c)	4 501(c)(3)	10,000				28.
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government	organizations listed in t	the line 1 table				0
3 Enter total number of other organizations listed in the line 1 table	ns listed in the lin	e 1 table					Schedule I (Form 990) (2019)
١	the landing tor	otions for Earm 990					

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3 Enter total number of other organizations listed in the line I table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Unitarian Universalist Service Committee Inc

Cohechile (Form 990) Committee Inc	Inc	inera O but	zations in the Uni		(Schedule I (Form 990), Part II.)	(11.)	
Continuation of Grants and Other Assistance to Governments and Other Assistance to Governments and Other Assistance to Government (a) IRC section (d) Amount of non-cas organization or government assistan	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash ansistance	(h) Purpose of grant or assistance
VALUE DECEMBER							Amend, Grant Relief & Recovery need from
West Street Account	92-2708194	501(c)(3)	12,457.	0.			Hurricane Harvey
Houston, TX 77026	70017-70						
Unitarian Universalist Church of			22 500	.0			Deaths Help support Migrant AZ
; ;	86-6006433	501(c)(3)					
	10			c			advance LHWA work on Disaster Justice
9500 Westview, Suite 104 Houston, TX 77055	61-1491319	9 501(c)(3)	17,500		•		Produce & disseminate
							information video made by
Activate Labs			30 000		0		migrants
Garden Grove, CA 92840	82-2271990	0 501(c)(3)					Research Criminalization
							Case Studies Within
Muslim Justice League							Muslim Communities
75 Atlantic Ave. Boston, MA 02111	47-4049679	79 501(c)(3)	25,500				Support African American
							Communities in NO &
Lowlander Center, Inc.			59.2	210.	0.		Indian Tribe
Gray, CA 70359	46-4993987	87 501(c)(3)			<u> </u>		To strengthen the Alianza
\$ 0 1		,					Nacional TPS through
Central American Resources Center				-	-0		education
ros Andeles CA 90005	95-3867724	724 501(c)(3)	000,61				Carry Criminalization
							Case Studies" Project to
or Education and	1						Complition
- 1	22-2604923	1923 501(c)(3)	8)	8,000,8			provide technological and
							infrastructural support
Al Otro Lado, Inc.					-		to Al Otro
San Ysidro, CA 92173	47-291	47-2910078 501(c)(3)	٥	-000, 9			Schedule I (Form 990)

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# Unitarian Universalist Service Committee Inc

തി	Inc	Organie and Organ	Organizations in the United States	1	(Schedule I (Form 990), Part II.)	r II.)	
(a) Name and address of organization or government if applics	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1 U H	75-2830923	501(c)(3)	10,000.	.0			General support in defending Sacred Land from Oil Development
ustaina							Amendment to WSR @ Center for Social Sustainable
Systems - 211 10th St. SW - Albuquerque, NM 87102	45-3163638	501(c)(3)	7,500.	0			Systems
Columbia Presbyterian Church 711 Columbia Dr. Decatur, GA 30030	58-0685034 501(c)(3)	501(c)(3)	18,000.	0			Support Sanctuary Movement as part of Love Resists Campaign
Freedom For Immigrants P.O. Box 40677 San Fransisco CA 94140	80-0875881	501(c)(3)	10,000.	.0			Support FFI ongoing migrant justice work
Hometown Organizing Project 395 Crestview Circle	84-3699927	7 501(c)(3)	8,000.	0			Support Alabama's Right to Ressist Campaign & Env Justice M
Make The Road New York 301 Grove St.	11-3344389		20,000	·			To support Make the Road
Minnesota Unitarian Universalist Socila Justice Alliance - 900 Mt	42-1734371		.000,01	0.			Support Native and Indigenous groups MN
	56-1866748		.000,02		.0		Support the APOYO for their Love Resists Organizing work NC
Unitarian Universalist Justice Arizona Network - 10400 E. Camino Quince - Tucson, AZ 85748	46-422988	46-4229880 501(c)(3)	20,000.				Support UUJAZs Immigration justice and racial justice work Schedule I (Form 990)

04-6186012

Unitarian Universalist Service

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Ö	an
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Schedule I (Form 990) COMMILCE HILLS Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States	ssistance to Gove	ernments and Organi	zations in the Unit		(Schedule I (Form 990), Part II.)	t II.)	
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Unitarian Universalist Justice Florida - P.O. Box 18954 -	46-2876652	501(c)(3)	.000,8	.0		i	Support creation of a storybanking project Hurricane Maria
Sarasoca, FL 32470 United States Campaign for Burma P.O. Box 34126 Washington, DC 20043		501(c)(3)	11,000.	0.			Education support to Rohingya refugees refugee camp schools
New Stories . 924 East Ninth Ave. Spokane, WA 99202	91-2038316 501(c)(3)	501(c)(3)	35,000.	.0			New Stories Facilit First Peoples Convening Climate-Forced
Black Lives Unity Church Unitarian 732 Holly Ave.	83-2287537 501(c)(	501(c)(3)	25,000.	.0			Donation to Black Lives UU
							Schedule I (Form 990)

Unitarian Universalist Service

## CHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## Compensation Information

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

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

Attach to Form 990.

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

Committee Inc

OMB No. 1545-0047

Open to Public Inspection Employer identification number

04-6186012

n	Questions Regarding Compensation	Y	es	No_
Par	United on Form 990			
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
1a	Check the appropriate box(es) if the organization provided any of this research the appropriate box(es) if the organization provided any relevant information regarding these items.  Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  Housing allowance or residence for personal use			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding.  Housing allowance or residence for personal use  Housing allowance or residence for personal use	2 0.5		
	First-class or charter travel			
	Travel for companions Health or social club dues or initiation fees			
	Tax indemnification and gross-up payments			
	Discretionary spending account			
	follows written policy regarding payment or			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or  It is a prior to reimbursing or allowing expenses incurred by all directors,	0	coordin 1	00000534
D	reimbursement or provision of all of the expenses are the second of the expenses incurred by all directors,			
0	reimbursement or provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the expenses described above? If Ho, complete the provision of all of the expenses described above? If Ho, complete the expenses described above? If Ho	2		No. to Amin's
2	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line var			
	trustees, and officers, meaning tion's			
18	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
3				
	CEO/Executive Director. Check all that apply a second process of the CEO/Executive Director, but explain in Part III.  establish compensation of the CEO/Executive Director, but explain in Part III.  Written employment contract			
	establish compensation of the CEO/Executive Director, San Written employment contract			
	X Compensation committee X Compensation survey or study			
	X   Independent compensation consultant		教養	
	Form 990 of other organizations		1.5	
	Section A, line 1a, with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1		X
	organization or a related organization:	la		X
а	Receive a severance payment or change-of-control payment:	1b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?  Participate in, or receive payment from, an equity-based compensation arrangement?  Participate in, or receive payment from, an equity-based compensation arrangement?	1c		Λ
c	Participate in, or receive payment from, an equity-based compensation analysis for each item in Part III.			
•	Participate in, or receive payment from, an equity-based compensation drangers.  If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	I to line 5.9		统计	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete into 5 or 5.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
5	the revenues of	5a		X
	The organization?	5b		X
8	The organization? Any related organization?			1
ŀ	Any related organization?			
	If "Yes" on line 5a or 5b, describe in Part III.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
6	For persons listed on Form 990, Part VIII, Goodson VIII	6a	Sept model	X
	is the not earnings of	6b		X
	The organization?	OU	14.50	
	Any related organization?	7-3		
	If "Yes" on line 6a or 6b, describe in Part III.		X	
7	For persons listed on Form 990, Part VII, Section A, line 1a, and the organization	7	Λ	4 (60) hi
	not described on lines 5 and 6? If "Yes," describe in Part III		3.24	v
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that were any amounts reported on Form 990, Part VIII, paid or accrued pursuant to a contract that were any amounts reported on Form 990, Part VIII, paid or accrued pursuant to a contract that were any amounts reported on Form 990, Part VIII, paid or accrued pursuant to a contract that were any amounts reported on Form 990, Part VIII, paid or accrued pursuant to a contract that were any amounts reported on Form 990, Part VIII, paid or accrued pursuant to a contract that were also become the part of the part	8	100 PERSON	X
	Were any amounts reported on Form 990, Part VII, paid of accreted personnel and the secretary amounts reported on Form 990, Part VII, paid of accreted personnel and accreted personnel accreted personnel and accreted personnel and accreted personnel and accreted personnel accreted personnel and accreted personnel accreted	5.62		
	initial contract exception described in Regulations section 35.4330 4(a)(b).  If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	9		
ç		(For	m 99	0) 201
_	Regulations section 53.4958-6(c)?  A For Paperwork Reduction Act Notice, see the Instructions for Form 990.			
L	HA FOR Paper work Treduction			

## Unitarian Universalist Service Committee Inc

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of V	(B) Breakdown of W·2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
(1) Mary Katherine Morn	0	225,274.	21,900.	0	12,075.	17,418.	276,667.	0.
President & CEO	<b>(E)</b>	0	0.	0	0	0	0	0
(2) Rachel Freed	(E)	158,040.	4,819.	0.	14,674.	0	177,533.	0
VP & CPO	€	0	0.	0	0	0	0	0.
(3) Mack Davidson	Ξ	160,997.	4,819.	0	14,674.	7,556.	188,046.	0
VP & CAO	(ii)	0.	0.	0		0		0.
(4) Cassandra Ryan	(	155,671.	4,819.	0	17,934.	26,923.	205,34	0.
VP & CDO	<u> </u>	0	0	0	0.	0	0	0
(5) Kathleen McTigue	(3)	138,239.	7,000.	0	16,314.	26,923.	188,476.	0
Director of AJE	€	0	0	0	0	0.	0	0
(6) Quang Nguyen	ε	136,406.	2,787.	0		8,269.	162,791.	0
Director of Human Resource	<b>E</b>		0	0		0	0	0
(7) Carol Cahalane	Ξ	128,855.	2,589.	.0	14,451	0	145,895.	0
Director of Finance	<b>E</b>	0	0	0	0	0	0	0.
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	(E)							
	Ξ							
	(ii)							
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Schedule J (Form 990) 2019

# Unitarian Universalist Service Committee Inc

Schedule J (Form 990) 2019

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Bonuses were paid to all qualified staff members based upon their annual performance review. Part III Supplemental Information Line 7: Part I,

Schedule J (Form 990) 2019

 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Supplemental Information on Tax-Exempt Bonds

> SCHEDULEK (Form 990)

2019 Open to Public Inspection ONB No 1545 DO

× Yes No (i) Pooled financing Employer identification number 04-6186012(g) Defeased (h) On behalf Yes No × of issuer <sup>2</sup> × Yes ,500,000. Office Building (f) Description of purpose of Purchase (e) Issue price 3 05/17/07 (d) Date issued 04-34318140000000000 Unitarian Universalist Service (c) CUSIP # (b) Issuer EIN Inc Committee Development (a) Issuer name A Finance Agency Name of the organization Bond Issues Department of the Treasury Internal Revenue Service Mass. Part I O B

				-	
D Partill Proceeds	A	В	O		
2 Amount of bonds legally defeased a Total proceeds of issue	3,500,000.				
Capitalized interest from proceeds	47,000.				
1					
8 Credit enhancement from proceeds	000				
Working capital expenditures from proceeds     Capital expenditures from proceeds	3,453,000.				
11 Other spent proceeds	0000				
12 Other unspent proceeds 13 Year of substantial completion	Yes	Yes No	Yes	Yes	ON
44 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,	×				
	×				
15 Were use Solds, an advance refunding issue)?	×				
16 Has the final allocation of proceeds been made?	×			X eliberta	Schodule K (Form 990) 201

Service	
Universalist	Inc
Unitarian	Committee

1 Was the organization a partnership, or a member of an LLC,  A whele convenied property frame business use of the convenience	tille Private business Ose								-
Was the organization a partner in a partner ship, or a member of an LLC, which cowned property financed by lax-exempt bonds? Are three any we base amragement is that may result in private business use of the three any warnagement or service contracts that may result in private business use of bond-financed property?  Are three any warnagement or service contracts that may result in private business use of bond-financed property?  Are three any warnagement or service contracts relating to the financed property?  Are three any warnagement or service contracts relating to the financed property?  Are three any management or service contracts relating to the financed property?  Are three any management or service contracts relating to the financed property?  Are three any management or service contracts relating to the financed property?  Are three three percentage of financed property used in a private business use as a result of all "Yes" to line 36, does the contract to end government that may result a private business use as a result of a private business such as a section 501(6)(3) organization or a state or local government that percentage of financed property used in a private business use as a result of lines 4 and 5.  Those the broad issue meet the private security or payment test?  Bosenthe broad issue meet the private security or payment test?  Those the broad issue meet the private security or payment test?  A result the bean a safe or disposition of any of the broad-financed property sold or disposed or line 84, and 6.  A result the bean a safe or disposition of any of the broad-financed property sold or disposed or lines 4 and 6.  A result the bean a safe or disposition of any of the broad-financed property sold or disposed or lines 84, and 1445-27.  A result that there been a safe or disposition of any of the broad-financed property sold or disposed or lines and 1445-27.  A result that the such and 1445-27.  A result that the issue are remediated in accordance with the requirements under A relations s			- Δ	В		O		۵	
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Are there any lease arrangements that may result in private business use of bond-financed property?  by If very a to line 3a, does the organization routinely engage bond counsel or other outside  counsel to review any management or service contracts that may result in private business use of bond-financed property?  counsel to review any management or service contracts tabing to the financed property?  counsel to review any measurements that may result in private business use of bond-financed property?  counsel to review any measurement or service contracts tabing to the financed property?  by If very to line 3a, does the organization routinely engage bond counsel or other outside  counsel to review any research agreements relating to the financed property?  If Enter the percentage of financed property used in a private business use by  the percentage of financed property used in a private business use as result of  unrelated trade or business activity carried on by your organization, another  section 501(63) organization or a state or local government  of unrelated trade or business activity carried on by your organization, another  and the percentage of financed property state of local government  To bose the bond issue ment the private security or payment test?  To bose the bond issue ment the private security or payment test?  To bose the bond issue ment the private security or payment test?  To bose the bond issue ment the private security or payment test?  To bose the bond issue ment the private security or payment test?  To bose the bond issue ment the private security or payment test?  To bose the bond issue ment the private security or payment test all nonqualified of of invest of the same are remediated in accordance with the requirements under  To bose the bond issue ment the private private private security or private security and 1.145-27  Part IV Ar-bitrage  Penalty Ar-bitrage  Penalty Ar-bitrage  Penalty In Leas of Ar-bitrage Rebate, Yield Reduction and Penalty in Leas of Ar-bitrage Repairs Penal	was the organization a partition in a partition in the which owned property financed by tax-exempt bonds?		×						
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2 If "No" to line 1, did the following apply?			>						
a Rebate not due yet?		<b>&gt;</b>	4			-			
b Exception to rebate? X		4	<b>*</b>						
	No rebate due?		4						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
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Unitarian Universalist Service

Inc Committee

Schedule K (Form 990) 2019

04-6186012

No 9N 0 0 Yes Yes 8 N S O 0 Yes Yes SN. No 8 В Yes Yes 9 N 2 × × × × Yes × Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation isn't available under applicable Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 4a Has the organization or the governmental issuer entered into a qualified Part V Procedures To Undertake Corrective Action hedge with respect to the bond issue? d Was the hedge superintegrated? e Was the hedge terminated? Part IV Arbitrage (continued) b Name of provider b Name of provider c Term of hedge section 148? c Term of GIC regulations?

Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Part VI

Schedule K (Form 990) 2019

## CHEDULE L Form 990 or 990-EZ)

## **Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Open To Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

OMB No. 1545-0047

Name of the organization	Unitari	an Univers	ali	st S	Service		Emp	loyer	identi	ificatio	n nu	mber
	Committe	ee Inc							860	12		
Part I Excess Be	nefit Transa	ctions (section 5	01(c)(3	), secti	on 501(c)(4), and se	ction 501(c)(29) orga	nizatior	ns on	ly).			
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4		(b) Relationship bet			ified					(d)	Corre	cted?
(a) Name of disqualifie	ed person	person and o			(	c) Description of tran	Saction	l:		Ye	s	No
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											_	
2 Enter the amount of ta	ax incurred by th	ne organization man	agers	or disq	ualified persons dur	ring the year under		- 2				
section 4958												
3 Enter the amount of to	ax, if any, on line	2, above, reimburs	sed by	the org	anization		🅨	▶ \$				
		Interested Per										
					Part V, line 38a or l	Form 990, Part IV, line	e 26; or	if the	e orgar	nization	1	
reported an a	- 12 CH C C	990, Part X, line 5, (					( ) )	-	<b>(h)</b> App	roved	(2) \A	/ritten
(a) Name of	(b) Relations		(d) Los	the	(e) Original principal amount	(f) Balance due	(g) l defau		by boa	rd or	agree	ment?
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Part IV Business Transactions Involving Interested Persons. 04-6186012 Page 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (c) Amount of (d) Description of (b) Relationship between interested (a) Name of interested person transaction transaction person and the organization revenues? Yes No X Family member of Board Mem Family member of Bo 78,606. Employment Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). Sch L, Part IV, Business Transactions Involving Interested Persons: (a) Name of Person: Family member of Board Member (b) Relationship Between Interested Person and Organization: Family member of Board Member

## CHEDULE M Form 990)

### Department of the Treasury Internal Revenue Service

Name of the organization

## **Noncash Contributions**

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

Attach to Form 990.

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

Unitarian Universalist Service

Employer identification number 04-6186012

OMB No. 1545-0047

Open to Public

Inspection

Committee Inc

Part I Types of Property (d) (a) Method of determining Number of Noncash contribution Check if contributions or amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 6 Cars and other vehicles Boats and planes 7 Intellectual property 8 505,294. Mean Value on Gift D X 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other ... 14 Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other 18 Collectibles ..... Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Other > 25 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X 30a exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

932141 09-27-19

LHA

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

Schedule M (Form 990) 2019

part II Supplemental Inforr is reporting in Part I, column this part for any additional		ired by Part I, lines 30b, 32b, and 33 number of items received, or a com	3, and whether the organization bination of both. Also complete
Schedule M, Part I,	Column (b):		
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## CHEDULE O Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

## Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.
➤ Go to www.irs.gov/Form990 for the latest information.

Unitarian Universalist Service Committee Inc 2019
Open to Public Inspection

Employer identification number 04-6186012

Form 990, Part I, Line 1, Description of Organization Mission:

Guided by UU principles and the Universal Declaration of Human Rights,

UUSC strives to advance human rights, dismantle systems of oppression,

and uplift and affirm the inherent worth and dignity of all people. We

center the voices and experiences of those most affected and strengthen

those grassroots groups and movements who are organizing themselves to

advance these goals. In order to accomplish this, we offer justice

education and leadership development; engagement and mobilization for

advocacy; partner support; and grant funding.

UUSC aims to leverage our particular strategic assets and strengths to

UUSC aims to leverage our particular strategic assets and strengths to

disrupt criminalization and systemic oppression of people based on

their identities; support self-determination and defend the rights of

people who are or may be forced to leave the places they call home due

to climate, conflict, or economic hardship, and address the root causes

of forced displacement; and respond to humanitarian crises as partners

with people whose access to aid is most limited, by helping them to

rebuild their lives and by addressing the human rights issues or

violations that make them more vulnerable.

In all of our work, UUSC and our partners work with the communities most affected by injustice, including:

In Burma, all of our partners are focused on protecting the rights of
the Rohingya Muslim minority, currently facing a crisis of displacement
and a military campaign of genocide.

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

Schedule O (Form 990 or 990-EZ) (2019)

Employer identification number 04-6186012

In Mexico and Central America, UUSC's partners work with people who have been displaced from their home countries by state-sanctioned violence, are at risk of being displaced, or who have been repatriated and are in continued danger.

In the U.S., our partners work with criminalized populations, including undocumented people, those at risk of deportation, and humanitarian aid workers seeking to assist those making the dangerous journey from Mexico to the U.S. border.

In Alaska and the Pacific, UUSC's partners are advancing and protecting the rights of populations at risk of climate-forced displacement, and upholding the "right to resist" extractive development projects that threaten to displace their communities and destroy their ancestral lands.

In the Bahamas, UUSC is supporting grassroots partners working with the communities most impacted by Hurricane Dorian, including Haitian immigrants who are subjected to ongoing discrimination and completely ignored by the mainstream response to the hurricane.

In the past fiscal year, UUSC made 100 grants and amendments worth approximately \$1.15M to grassroots organizations working in countries around the world.

## What Is Our Impact

What does it mean to have a human rights "impact"? For UUSC, it means building movements for systemic change. Impact is amplifying the power of the grassroots and following the leadership of communities directly affected by injustice. It is addressing immediate harms and their root Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19

nedule O (Form 990 or 990-EZ) (2019) Page 2 Employer identification number Unitarian Universalist Service Name of the organization 04-6186012 Committee Inc causes, in order to dismantle oppressive systems. In short, it is the steps we must take on the way to building a more just, equitable, and regenerative world. These are ambitious goals to be sure. Achieving them will take time, and the work that will make them possible is not always quantifiable or readymade for public consumption. The themes, stories, and outcomes we choose to highlight, therefore, are chosen because they help us understand whether or not we are headed toward those long-term, systemic impacts, as we strive to make progress on our human rights goals. We are proud that many of our highlights showcase UUSC's approach: consulting with our grassroots partners, frontline communities, and other allies and then leveraging whatever resources we have to make a collective impact on our shared struggle for justice and human rights. In every case, we aim to put our grassroots partners at the center, showing the power of social change when it is led by communities confronting oppression and injustice. Form 990, Part III, Line 4a: Migrant Justice Expenses \$2,852,773 including grants of \$481,296. Revenue: \$20,470 This year, UUSC helped strengthen grassroots movements, addressed immediate harms while working toward systemic solutions, and centered the experiences and wisdom of the communities most impacted by injustice. Below are just a few of the highlights of how we did this,

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including by:

- Supporting a feminist collective to address immediate forms of political violence and pursuing systemic alternatives to the capitalist models of food production that contribute to widespread displacement of peasant farmers in Nicaragua.
- Helping our grassroots partner in Guatemala build a network to

  accompany and reintegrate Indigenous Mayan youth who have been

  separated from their families and returned to Guatemala, and how UUSC

  has supporting ongoing advocacy in Washington, D.C.
- Continuing to combat the Trump administration's racist family separation policies, through advocacy, partner support, and justice education, while working alongside our partners to strengthen an inclusive movement for permanent protections for undocumented immigrants.
- With our partners, allies, and members, contributing to a grassroots movement to expand sanctuary and resist criminalization in the American South.
- Partnering with a grassroots, women-led group in Honduras to
  strengthen women's organizations from the Afro-Indigenous Garifuna
  community who are seeking to combat high levels of violence against
  women and human rights violations resulting from mega tourism projects
  in the area.
- Providing legal support for the ongoing defense of the defenders of the Guapinol river, who were wrongfully placed in pre-trial imprisonment since September 2019.

Form 990, Part III, Line 4b:

Magne of the organization Unitarian Universalist Service Employer identification number Committee Inc 04-6186012 and stories of their own experiences. - Cultivating and mobilizing a justice and accountability movement in Burma, including by supporting a burgeoning youth-led movement among members of the large Rohingya diaspora community. - Convening our seven partners in the Balkans region for the purposes of understanding the impact of our response to the Syrian refugee crisis; offering our partners another chance to connect (we convened these same groups once before, in 2017), strategize, and learn from each other; and, at the request of our partners, providing a day-long fundraising training by UUSC's Chief Development Officer. Form 990, Part III, Line 4d, Other Program Services: Human Rights Programs - IV. UU College of Social Justice: See Schedule 0. Expenses \$ 580,925. including grants of \$ 0. Revenue \$ 79,565. Form 990, Part III, Line 4d: UU College of Social Justice The UU College of Social Justice (UUCSJ) is structured as a program unit of the UUSC, jointly governed by the UUA and UUSC for the benefit of both organizations under the terms of a joint operating agreement. UUCSJ's mission is to inspire and sustain faith-based activism for justice, on issues of local, national and global importance. We accomplish this through a variety of experiential learning programs, and through workshops and resources designed for use in our UU congregations.

Through early March of fiscal year 2020, we offered immersion learning journeys to the Arizona/Mexico border with BorderLinks and No More Deaths; to El Salvador with Cristosal; and to West Virginia with the Southern Appalachian Labor School (SALS). A majority of these programs were designed for high school youth or for multi-generational groups. Each of our programs utilized our adult or youth Study Guides for preparation and follow-up. As of early March, with the beginning of the pandemic and mandatory closings across the country, UUCSJ suspended all of our in-person programs and workshops, and began the process of developing new forms of online learning to continue fulfilling our mission. We continued our annual collaboration with the UUA on the UU-UNO Spring Seminar, adapting our workshops to an online format.

We continued to expand our capacity for congregational trainings and workshops this year, and these too have now been adapted to an online format, as has our work with the UU State Action Networks (SANs). Building on last year's work with Freedom for Immigrants, in the fall we launched a new initiative, the Congregational Accompaniment Program for Asylum Seekers (CAPAS), working with over 25 congregations interested in directly sponsoring a refugee who is in process toward asylum.

One of our most important programs in recent years has been our capacity to recruit, screen, and deploy skilled volunteers, especially Spanish speakers, to border regions. These scores of volunteers brought a much-needed infusion of human capital to Annunciation House (El Paso, TX), RAICES (San Antonio, TX), Al Otro Lado (San Diego, CA and Tijuana,

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Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization Unitarian Universalist Service Committee Inc

Employer identification number 04-6186012

Mexico) and Casa Alitas (Tucson, AZ). To support these volunteers

before and after their immersion at the border we created a new

Volunteer Handbook and continued our monthly support calls for returned

volunteers. Over the first part of the year, the volume of refugees

permitted to access their right to asylum and safety began to shrink

dramatically due to government policies hostile to all forms of

immigration. When the pandemic struck, no volunteers were able to

travel; and thus far, only Al Otro Lado has been able to make

consistent use of online volunteers.

Our internships for college age young adults placed 9 interns with justice organizations in the US; our interns are supported with small stipends and frequent check-ins from CSJ Program Leaders serving as internship liaisons as well as by our staff (these continued despite the pandemic shut-downs).

Beginning almost immediately with the pandemic, UUCSJ staff and Program

Leaders began experimenting with entirely new online offerings (in

addition to adapting in-person versions to an online platform). We have

now developed and offered a wide range of Community Action Circles to

UU constituents and donors, ministers and religious educators, and

organizers/activists with accompaniment networks, among others. We have

developed Centering Circles for religious leaders seeking to adapt

their own pastoral skills to the needs of online ministry, and are in

the early stages of new curricula that will advance organizing and

activism on the key priority issues of both UUSC and the UUA.

All of our programs are supported by the UUCSJ Study Guide for

nedule O (Form 990 or 990-EZ) (2019) Unitarian Universalist Service vame of the organization Committee Inc

Employer identification number 04-6186012

Cross-Cultural Engagement and by adaptations to the Guide for different age groups. They are led by staff and by our Program Leaders, who we support with an annual retreat. Our current cadre of 20 Program Leaders includes 13 ministers, seminarians or Directors of Religious Education; 11 are people of color and 8 are fluent Spanish speakers.

Form 990, Part VI, Section B, line 11b: 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 executive committee of the board of trustees, all of whom are independent of the Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19

SCHEDULER

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

Unitarian Universalist Service

Committee Inc

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

2019

OMB No. 1545

Open to Public Inspection

Employer identification number 04-6186012

Schedule R (Form 990) 2019 (g) Section 512(b)(13) controlled entity? N<sub>o</sub> Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity Œ Direct controlling entity End-of-year assets status (if section 501(c)(3)) (e) Public charity Total income Exempt Code <del>D</del> **p** Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) (0) Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part I Part II

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Unitarian Universalist Service

Schedule R (Form 990) 2019 Committee Inc

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

Annuity Trusts (4) Trust  Annuity Trusts (4) Trust  Trust  MA UUSC TRUST  Pooled Income Fund  MA UUSC  TRUST
(4) Trust MA DUSC  Pooled Income Fund MA DUSC
Income Fund MA gusc

## Unitarian Universalist Service

Schedule R (Form 990) 2019 Committee Inc

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

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Yes 100 Ju 무 10 10 10 10 1e 19 ÷ = 19 19 16 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) ь d

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(c) (d) Amount involved Method of determining amount involved						
(b) Transaction type (a-s)						
(a) Name of related organization	(1)	(2)	(8)	(4)	(5)	(9)

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Schedule R (Form 990) 2019

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Unitarian Universalist Service

Committee Inc Schedule R (Form 990) 2019 Part VII Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ructions regarding exclus	sion for certain inve	stment partnerships.						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	h	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(h) (i) (j) (k)  Dispropor-  Code V-UBI General or Percentage  Localisms of Schedule K-1  Amenaging Ownership  Code V-UBI General or Percentage  Localisms of Schedule K-1  Form 1055   No.   No.	General or managing partner?	(k) Percentage ownership
			Sections 312-314) Yes No			Yes No	(0001	res	
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		59						_	
					g.				
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Schedule R (Form 990) 2019