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DLN: 93493314003432

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public

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

\ F-		2011 calendar year outey can be incine 07 04 2011	and anding on an acc	12				Пэресион
		calendar year, or tax year beginning 07-01-2011 C Name of organization		1.2		D Employ	er id	entification number
_	ress ch	UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC				04-618		
- Nan	ne char	Doing Business As		_		E Telepho	ne n	umber
– Initi	ıal retur	Number and street (or P O box if mail is not delivere	ed to street address) Room/s	uute		(617)8	368-	6600
– Ten	mınated	689 MASSACHUSETTS AVENUE	to street address) Room/s	uite		G Gross red	ceipt	s \$ 10,536,679
- Ame	ended r	,,,	I					
- App	lication	CAMBRIDGE, MA 02139 pending						
		F Name and address of principal officer		H(a)	Is thi	s a group r	retui	
		WILLIAM F SCHULZ 689 MASSACHUSETTS AVENUE			affilia	tes?		ΓYes Γ Nο
		CAMBRIDGE,MA 02139		Н(b)	Are al	l affiliates i	nclu	ded?
T				-				t (see instructions)
		pt status	4947(a)(1) or 527	H(c)	Grou	p exemption	on n	umber 🟲
	ebsite	: • WWW UUSC ORG		<u> </u>				
		anization Corporation Trust Association Other		L Yea	r of fo	mation 194	8	M State of legal domicile M
Pa	rt I	Summary						
		Briefly describe the organization's mission or most sigi SEE SCHEDULE O	nificant activities					
<u>ب</u>	_	TE SCHEBOLL O						
auvellidlice	-							
101	2 (Check this box 🛌 if the organization discontinued its	operations or disposed	of more t	han 2	5% of its r	net a	assets
		Number of voting members of the governing body (Part			2		3	15
5 0		Number of independent voting members of the governi				F	4	15
AVUTIUES A		otal number of individuals employed in calendar year		-			5	43
	6 T	otal number of volunteers (estimate if necessary) .					6	2,386
ť		otal unrelated business revenue from Part VIII, colu					7a	74,154
	bι	Net unrelated business taxable income from Form 990	-T, line 34				7b	41,379
					Prio	r Year	_	Current Year
<u>.</u>	8					5,007,9	67	7,535,549
	9	Program service revenue (Part VIII, line 2g)	•	1,491,743			262.428	
Revent	10 11		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)					262,428 248,611
	12	Total revenue—add lines 8 through 11 (must equal F	ne 🖳		249,6		240,011	
		12)	<u> </u>			6,749,3	$\overline{}$	8,046,588
	13	Grants and similar amounts paid (Part IX, column (A		1,391,316			1,242,603	
	14	Benefits paid to or for members (Part IX, column (A)			0			0
8	15	Salaries, other compensation, employee benefits (Pa 5–10)	art 1x, column (A), lines		2,855,327			3,535,498
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		83,286			62,329
ੜੇ	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 641$,	523					
_	17	Other expenses (Part IX, column (A), lines 11a-11	d,11f-24e)		1,819,4			2,141,778
	18	Total expenses Add lines 13-17 (must equal Part I			6,149,422			6,982,208
un .	19	Revenue less expenses Subtract line 18 from line 1	2	- Dan		599,9	\rightarrow	1,064,380
net Assets of Fund Balances				Вед		of Curren ear	τ	End of Year
Barre B	20	Total assets (Part X, line 16)				22,357,1	27	23,051,782
7 P	21	Total liabilities (Part X, line 26)				5,543,1	72	5,671,479
	22	Net assets or fund balances Subtract line 21 from li	ne 20			16,813,9	55	17,380,303
	t II	Signature Block						
nowl		ties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of						
		****** Signature of officer			20 Da	12-11-05 te		
Sign Iere					Da			
1616	•	MICHAEL ZOUZOUA CHIEF FINANCIAL OFFICER Type or print name and title						
		Preparer's L	Date	Check ıf		Preparer's	taxp	ayer identification number
Paid		signature CRAIG KLEIN	self- employed	· —	(see instru P00734640		s)	
	arer's	Firm's name (or yours L. CBIZ TOFIAS	Simployed	. 1				
Jse C		if self-employed), address, and ZIP + 4 500 BOYLSTON STREET				EIN ▶ 26-	3753	134
						Phone no	• (617) 761-0600
		BOSTON, MA 02116				1	'	, = -

May the IRS discuss this return with the preparer shown above? (see instructions) . .

	(-	/					ı age ı
Par	•	Statement of Check if Schedule			llishments uestion in this Part	III	
1	Briefl	y describe the orga	anızatıon's mıssı	on			
					AROUND THE WOI LENGE OPPRESSI	RLD, PARTNERING WITH T VE POLICIES	HOSE WHO CONFRONT
2		e organization und ior Form 990 or 99		ficant program se	ervices during the	ear which were not listed or	TYes ✓ No
	If "Ye	s," describe these	new services on	Schedule O			
3	servic	es?			nt changes in how i	t conducts, any program	┌ Yes ┌ No
	If "Yes	s," describe these	changes on Sch	edule O			
4	expen	ses Section 501(c)(3) and 501(c)	(4) organization:	s and section 4947	s three largest program serv (a)(1) trusts are required to each program service repor	report the amount of
4a	(Code	N RIGHTS PROGRAMS) (Expenses \$ - I RIGHTS IN HUM	2,218,751 ANITARIAN CRISES	including grants of \$	809,401) (Revenue	e \$)
	(Code	<u> </u>) (Expenses \$	1,301,244	ıncludıng grants of \$	156,277) (Revenue	e \$)
	HUMA	N RIGHTS PROGRAMS	- II ENVIRONMENTA	AL JUSTICE SEE SCI	HEDULE O		
4c	(Code	<u>.</u>) (Expenses \$	1,114,724	ıncludıng grants of \$	154,192) (Revenue	e \$ 47,575)
	HUMA	N RIGHTS PROGRAMS	- III ECONOMIC JU	STICE SEE SCHEDU	LE O		
	(Code	<u> </u>) (Expenses \$	954,294	ıncludıng grants of \$	110,233) (Revenue	e \$ 62,390)
	DEMO SUPPO SURVE SUPPO TO WO VISIO	CRATIC PROCESSES R DRTED ITS CIVIL LIBER WORS OF TORTURE TO DRTED A GATHERING O DRK TOGETHER TO ING N FOR AN EFFECTIVE O ENTS ON THE CONSTIT	EGARDLESS OF RAC TIES PARTNERS IN 1 DESTABLISH COMMU DF 25 ACTIVISTS WH CREASE THEIR EFFE GRASSROOTS MOVEN	E, CLASS, GENDER, THE UNITED STATES, INITIES OF HEALING O SHARED EFFECTIN CTIVENESS IN WASI MENT FOR US ACCO	OR RELIGION BY SUPPO THE MIDDLE EAST, AN AND SUPPORT SURVIY FE STRATEGIES FOR PR HINGTON, D C , UUSC DUNTABILITY ON TORTU	EVENTING POLICE PROFILING AT BROUGHT 30 DISPARATE ACTIVIST JRE IN TUNISIA, UUSC SUPPORTE	D BUILDING MOVEMENTS UUSC ON, D C , UUSC TRAINED 20 N DETENTION IN CHICAGO, UUSC THE LOCAL LEVEL AND LEARNED HOW TS TOGETHER TO BUILD A COMMON
	(Code	:) (Expenses \$	490,667	ıncludıng grants of \$	12,500) (Revenue	e \$ 64,492)
	THROUNITA SEMIN SERVI COMB NATIO NEW V CIVIL WILL I US-MI	UGH SERVICE LEARNIN RIAN UNIVERSALIST P IARIANS AND RELIGIOL CE-LEARNING TRIPS T INE EARTHQUAKE RES INAL YOUTH JUSTICE T VERSION OF ITS CIVIL RIGHTS MOVEMENT F BE ADDING NEW SERVI	NG JOURNEYS AND C RINCIPLES PROGRA JS PROFESSIONALS T TO HAITI TO WORK V SISTANT HOMES AND RAINING FOR HIGH RIGHTS JOURNEY W FOR NEXT YEAR, THE ICE-LEARNING PROG COLLEGE IS STRUCTU	OTHER HANDS-ON JUMS WELCOME ACTIVITO MAKE SOCIAL JUSTICH HAITIAN PARTIVITH HAITIAN PARTIVITH HAITIAN PARTIVITH HAITIAN BUSTAINABLE COMMISCHOOL AGE YOUTH WHICH INTRODUCES COLLEGE PLANS COGRAMS TO INDIA, GUIRED AS A PROGRAM	JSTICE EDUCATION PROVISTS OF ANY AGE WITH STICE WORK PART OF HERS, THE PAPAYE PEASON TO FIRST GLOBAL JUYOUTH, PARENTS AND NTINUATION OF THESE PATEMALA, TANZANIA/BIUNIT OF THE UUSC, JUNIT OF THE UUSC, J	HA SPECIAL EMPHASIS ON ENCOUTHEIR IDENTITY AND CALLING THE SANT'S MOVEMENT (MPP), IN CONEARTHQUAKE SURVIVORS THE COUSTICE INTERNSHIPS FOR COLLEGADVISORS TO THE KEY SITES, FIGURE FOR CONJUNCTION OF THE SENDER ON T	PERSONAL SPIRITUAL PRACTICE AND RAGING YOUTH, YOUNG ADULTS,
4d	Othe	r program services	s (Describe in S	chedule O)			
		enses \$		ncluding grants o	of \$ 1	22,733) (Revenue \$	126,882)
4e	Tota	l program service e	expenses +\$	6,079,68	30		

Form 990 ((2011)
Part IV	Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f z}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	103	
	Statements filed for the calendar year ending with or within the year covered by this			
h	return			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
la	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
- la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities	4a		No
h	account)?	-TG		INO
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	22 23.5 10			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
_	Does the example to have annual array and that are a secretarity and the secretarity a	5c		R.I.
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
_	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		NI -
а	services provided to the payor?	/a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
а	file Form 8282?	7c		No
u	74			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7-		NI a
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	'		1110
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	/"		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
	facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
_				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or asserted during the	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
_	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ction A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax						
14	year						
b	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	4 5		No No			
6	Did the organization have members or stockholders?	6		No			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9							
Se	ection B. Policies (This Section B requests information about policies not required by the Internal						
Re	venue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		N o			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		No			
h	taxable entity during the year?	_va		-140			
_	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					
Se	ction C. Disclosure						
17	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 MD , MA , MI , MN , NH , NJ , NM , NY , I						

- PA, RI, SC, TN, UT, VA, WA, WV, WI, AL, AZ, AK, AR
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection Indicate how you made these available Check all that apply
 - ☐ O wn website ☐ A nother's website ☑ U pon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization MICHAEL ZOUZOUA UUSC 689 MASSACHUSETTS AVENUE

CAMBRIDGE, MA 02139 (617) 301-4318

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organiza	atıon nor any rel	ated or	ganız	atıo	ns c	ompe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former		MISC)	related organizations
(1) CHARLES SPENCE CHAIR	1 00	Х		Х				0	0	0
(2) DAVID MADAN VICE-CHAIR	1 00	Х		Х				0	0	0
(3) LUCIA SANTINI FIELD SECRETARY	1 00	Х		Х				0	0	0
(4) CHARLES SANDMEL TREASURER	1 00	Х		X				0	0	0
(5) JOHN BUEHRENS BOARD MEMBER	1 00	Х						0	0	0
(6) DAVID COLTON BOARD MEMBER	1 00	Х						0	0	0
(7) MARTHA EASTER-WELLS BOARD MEMBER	1 00	Х						0	0	0
(8) EBE EMMONS BOARD MEMBER	1 00	Х						0	0	0
(9) PATRICIA FLYNN BOARD MEMBER	1 00	х						0	0	0
(10) ROY KING BOARD MEMBER	1 00	Х						0	0	0
(11) DAVID LYSY BOARD MEMBER	1 00	х						0	0	0
(12) CONRAD PINNOCK BOARD MEMBER	1 00	х						0	0	0
(13) KAREN SCHNEIDER BOARD MEMBER	1 00	х						0	0	0
(14) FELISA TIBBITTS BOARD MEMBER	1 00	Х						0	0	0
(15) WENDY WILLIAMS BOARD MEMBER	1 00	Х						0	0	0
(16) WILLIAM SCHULZ PRESIDENT & CEO	30 00			Х				150,451	0	31,465
(17) CONSTANCE KANE VP & COO	40 00			Х				114,762	0	29,532

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

	(A) Name and Title A verage hours per week (describe hours			unless person is both an officer and a						(D) ortable ensation m the ration (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima amount o compens from t	ated f other sation the ion and
		hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		relat organiza	
(18) I CFO	MICHAEL ZOUZOUA	40 00			Х					100,297		0		31,930
	MAXINE NEIL CTOR OF INSTITUTIONAL ADV	40 00					х			111,514		0		25,497
(20)	ROSEMARY E ATEMA CTOR OF PROGRAMS	E ATEMA 40.00 Y 100.937							0		18,390			
								<u> </u> ▶				_		
1b 	Sub-Total	O Part VII Sect	· .	•	•	•				+				
	= . 1 (11 !!							 		577,961		0		136,814
2	Total number of individuals (inclu \$100,000 of reportable compens					ted a	above)) who	receive	d more tha	n			
											r		Yes	No
3	Old the organization list any form on line 1a? <i>If</i> "Yes," complete School					ey e •	mploy •	ee,o	rhighes • • •	t compens	ated employee • • •	3		No
4	For any individual listed on line 1 organization and related organiza individual											4	Yes	
5										or individual for	5	100	No	
Se	ection B. Independent Cont	ractors												
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax ye	highest compen the organizatior												
	Nam	(A) e and business add	ress							Descr	(B)		(C Comper	
1250	Name and business address Description of services ITEGRATED DIRECT MARKETING 250 CONNECTICUT AVE NW STE 200 ASHINGTON, DC 20036 DIRECT MAILER									,	106,190			

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 ►1

rait v		Statement of Revenue					
			107 222	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated campaigns 1a	107,232				
e Ta	Ь	Membership dues 1b					
s,€	С	Fundraising events 1c					
焦点	d	Related organizations 1d					
‰ <u>≡</u>	e	Government grants (contributions) 1e					
존	f	All other contributions, gifts, grants, and 1f	7,428,317		i		
돌	_	similar amounts not included above					
<u>=</u> =	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	h	lines 1a-1f \$ Total. Add lines 1a-1f	▶	7,535,549			
<u> </u>			D				
e =			Business Code				
že.	2a 						
22	b						
92	C	-					
Ę.	d						
É	e						
Program Serwce Revenue	f	All other program service revenue					
ξ	g	Total. Add lines 2a-2f	<u> </u>				
	3	Investment income (including dividend					
		and other similar amounts)		180,917			180,917
	4	Income from investment of tax-exempt bond p	· · ·	·			·
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents 350,257	(11) 1 21221121				
	ь	Less rental 213,713					
	l c	expenses Rental income 136,544					
	`	or (loss)					
	d	Net rental income or (loss)		136,544	62,390	74,154	
		(i) Securities	(II) Other				
	7a	Gross amount 2,318,445 from sales of					
		assets other than inventory					
	ь	Less cost or 2,236,934					
		other basis and sales expenses					
	С	Gain or (loss) 81,511					
	d	Net gain or (loss)		81,511			81,511
4.	8a	Gross income from fundraising					
Other Revenue		s of contributions reported on line 1c) See Part IV, line 18					
<u>-</u>		a					
Ě	Ь	Less direct expenses b					
0	C	Net income or (loss) from fundraising e	events 🟲				
	9a	Gross income from gaming activities See Part IV, line 19 a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activ	/ities				
	10a	Gross sales of inventory, less returns and allowances .	87,019				
	ь	Less cost of goods sold b	39,444				
		Net income or (loss) from sales of inve		47,575	47,575		
		Miscellaneous Revenue	Business Code				
	11a	OTHER FEES	900099	64,492	64,492		
	ь						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
				64,492			
	12	Total revenue. See Instructions	. ▶	8,046,588	174,457	74,154	262,428

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

Do no	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	200 705	·		<u>'</u>
2	Grants and other assistance to individuals in the United States See Part IV, line 22	289,795	289,795		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	952,808	952,808		
4	Benefits paid to or for members	332,000	332,000		
5	Compensation of current officers, directors, trustees, and				
,	key employees	577,961	516,727	15,266	45,968
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,134,693	2,075,854	1,742	57,097
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	284,246	270,636	400	13,210
9	Other employee benefits	355,199	320,510	1,533	33,156
10	Payroll taxes	183,399	163,164	3,549	16,686
11	Fees for services (non-employees)	,	,	,	, , , , , , , , , , , , , , , , , , ,
а	Management				
b	Legal	24,820	21,593	2,234	993
c	Accounting	46,300	40,281	1,852	4,167
d	Lobbying	14,894	14,894	,	<u> </u>
e	Professional fundraising See Part IV, line 17	62,329	2.,22.		62,329
f	Investment management fees	,			,
g	Other	353,947	246,118	25,019	82,810
12	Advertising and promotion	72,482	62,446	102	9,934
13	Office expenses	,	· ·		<u> </u>
14	Information technology	18,082	16,116	1,026	940
15	Royalties				
16	Occupancy	152,067	52,597	60,336	39,134
17	Travel	393,431	369,719	4,534	19,178
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,308	11,021	4,953	4,334
20	Interest	161,585	84,024	51,707	25,854
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	190,375	84,050	61,287	45,038
23	Insurance	37,315	17,386	11,409	8,520
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	PRINTING & PUBLICATIONS	292,419	254,894	193	37,332
b	POSTAGE & SHIPPING	138,440	120,261	928	17,251
С	TELEPHONE	63,634	45,289	7,526	10,819
d	SUPPLIES	25,788	18,425	2,445	4,918
е					
f	All other expenses	135,891	31,072	2,964	101,855
25	Total functional expenses. Add lines 1 through 24f	6,982,208	6,079,680	261,005	641,523
26	Joint costs. Check here ▶ ▽ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	327,922	278,734	0	49,188
	compined educational campaign and idilutation	327,322	1 270,734		rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 2,807,092 2,135,431 1 1 1.380.843 774.803 2 2 Savings and temporary cash investments 3 1,001,547 2,775,114 110.561 110.545 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 91,174 9 123,646 Prepaid expenses and deferred charges 6,949,858 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 1,427,575 5,670,263 10c 5,522,283 11,216,670 11 11,531,316 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 78,977 15 78,644 15 22,357,127 23,051,782 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 437,418 17 682,160 17 Accounts payable and accrued expenses . 18 18 19 19 20 3.180.272 20 3.093.658 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 375,000 24 375,000 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 1,550,482 25 1,520,661 D 26 26 5,543,172 5,671,479 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 9,677,538 27 8,893,295 Unrestricted net assets 3,515,082 28 4,865,122 28 Temporarily restricted net assets Fund 29 3,621,335 29 3,621,886 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶

and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 16.813.955 33 17.380.303 34 Total liabilities and net assets/fund balances 22.357.127 34 23.051.782

Pal	Check if Schedule O contains a response to any question in this Part XI		•	. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8.0	046,588
2	Total expenses (must equal Part IX, column (A), line 25)	2			982,208
3	Revenue less expenses Subtract line 2 from line 1	3		1,0	064,380
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		16,8	313,955
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-2	198,032
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		17,3	380,303
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		•	୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? \cdot .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

OMB No 1545-0047

OMB No 1545-004

2011

Open to Public
Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Name of the organization UNITARIAN UNIVERSALIST SERVICE COMMITTEE IN Employer identification number

UNITA	ARIAN U	JNIVEŘSALIST SERVICE C	OMMITTEE INC				
						04-6186012	
Pa	rt I	Reason for Pu	blic Charity Stat	us (All organizatio	ns must complete thi	s part.) See ınstrı	uctions
The	organı	zation is not a privat	e foundation because	eitis (Forlines 1 thr	ough 11, check only one	e box)	
1	Γ	A church, conventi	on of churches, or as	sociation of churches	section 170(b)(1)(A)(i).	
2	Γ	A school described	I in section 170(b)(1)	(A)(ii). (Attach Sche	edule E)		
3	Γ	A hospital or a coo	perative hospital ser	vice organization des	cribed in section 170(b)	(1)(A)(iii).	
4	Γ	A medical research hospital's name, ci	-	ed in conjunction with	a hospital described in	section 170(b)(1)(<i>f</i>	A)(iii). Enter the
5	Γ	= -	erated for the benefit A)(iv). (Complete Pa	-	sity owned or operated l	oy a governmental u	nıt described in
6	Γ	A federal, state, or	local government or	governmental unit de	scribed in section 170(b)(1)(A)(v).	
7	<u>~</u>	described in	at normally receives a A)(vi) (Complete Pa	·	ts support from a govern	mental unit or from	the general public
8	Г			170(b)(1)(A)(vi) (C	omplete Part II)		
9		•			% of its support from cor	ntributions, members	ship fees, and gross
	·	-	· ·		ect to certain exception:	· · ·	· · · · · · · · ·
					ness taxable income (le		
		• • • •			n 509(a)(2). (Complete	•	
10	Г				r public safety See sect		
11	Γ	one or more publicl	y supported organiza	tions described in se orting organization an	enefit of, to perform the f ction 509(a)(1) or secti d complete lines 11e thi III - Functionally integra	on 509(a)(2) See s rough 11h	rry out the purposes of ection 509(a)(3). Check Type III - Other
е	Γ				ntrolled directly or indire ublicly supported organi		
f		If the organization check this box			IRS that it is a Type I, T		upporting organization,
g		following persons?			ift or contribution from a r together with persons		Yes No
		• • •	•	e the supported organ			11g(i)
		, ,	er of a person describ	• • • • •	.==		11g(ii)
			·	ı described in (i) or (ii) above?		11g(iii)
h				the supported organiz			9(/
			(iii) Type of	(iv)	(v)	(vi)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) list your gove docume	on in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

instructions

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

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

_	under Part III. If the	e organization i	alls to qualify u	naer the tests I	iistea pelow, ple	ease complet	e Part III.)
	ection A. Public Support endaryear (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	in)	(4) 2007	(6) 2000	(6) 2009	(4) 2010	(6) 2011	- (1) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	5,650,460	4,960,691	7,862,533	5,007,967	7,535,54	9 31,017,200
_	grants ")						
2	Tax revenues levied for the organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
	furnished by a governmental unit						
4	to the organization without charge Total. Add lines 1 through 3	5,650,460	4,960,691	7,862,533	5,007,967	7,535,54	9 31,017,200
5	The portion of total contributions	3,030,100	1,500,031	7,002,333	3,007,307	7,555,51	31,017,200
3	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						5,484,016
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) Public Support. Subtract line 5						+
	from line 4						25,533,184
	ection B. Total Support						
Cai	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	A mounts from line 4	5,650,460	4,960,691	7,862,533	5,007,967	7,535,54	9 31,017,200
8	Gross income from interest,	, ,					
•	dividends, payments received on						
	securities loans, rents, royalties	214,701	198,695	193,201	233,905	243,30	8 1,083,810
	and income from similar						
9	sources Net income from unrelated						+
9	business activities, whether or						
	not the business is regularly	43,533	14,094	34,752	57,238	74,15	4 223,771
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7						+
	through 10)						32,324,781
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12	985,635
13	First Five Years If the Form 990 is	for the organızatı	on's first, second	, thırd, fourth, or fı	ıfth tax year as a !	501(c)(3) orga	- - '
	check this box and stop here						▶ □
S	ection C. Computation of Pul	olic Support F	Percentage				
14	Public Support Percentage for 201			11 column (f))		14	78 990 %
15	Public Support Percentage for 201	O Schedule A, Pa	rt II, line 14			15	84 860 %
16a	33 1/3% support test-2011. If the	organization did	not check the box	on line 13, and l	ıne 14 ıs 33 1/3%	or more, chec	k this box
	and stop here. The organization qua	alıfıes as a publıc	ly supported orga	nızatıon			▶ ▼
b	33 1/3% support test—2010. If the	_			a, and line 15 is 3	33 1/3% or mor	·
17~	box and stop here. The organization 10%-facts-and-circumstances test				012 162 25164	and line 14	► I
L/a	is 10% or more, and if the organiza						n
	in Part IV how the organization med						
	organization			_			▶ □
b	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organization in Part IV how the organization						cly
	supported organization	tion meets the T	acis and circumst	ances test ine	organization qual	mes as a publi	► T
18	Private Foundation If the organizat	ion did not check	a box on line 13	16a. 16b. 17a or	17b, check this	box and see	e 1

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493314003432

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name	of the	organizat	tion		
JNITAR	IAN UN	IVERSALIST	SERVICE	COMMITTEE	INC

Employer identification number

04-6186012

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

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2 Political expenditures
- 3 Volunteer hours

Part I-B	Comp	lete if	the or	ganization	is exem	pt 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?
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

Yes

Yes

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) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

section 4911 tax for this year?

┌ Yes ┌ No

chedule C (I	01111 J J O 01 J J O 1 E Z J Z O 1 1	Paye
Part II-A	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 ((election
	under section 501(h)).	
Chaak	I the filing even ration belongs to an efficiency (and list in Dort IV) each efficiency member's name	addraga El

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

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

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	7,300	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	7,594	
c	Total lobbying expenditures (add lines 1a and 1i	p)	14,894	
d	Other exempt purpose expenditures		6,325,791	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	6,340,685	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	467,034	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	116,759	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-	0	
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -	0	
j	If there is an amount other than zero on either lii	ne 1h or line 1i, did the organization file Form 472	0 reporting	□ Ves □ No

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

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total			
2a	Lobbying non-taxable amount	417,271	389,020	428,946	467,034	1,702,271			
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,553,407			
c	Total lobbying expenditures	6,135	6,000	12,680	14,894	39,709			
_d	Grassroots non-taxable amount	104,318	97,255	107,237	116,759	425,569			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					638,354			
f_	Grassroots lobbying expenditures	1,575	2,000		7,300	15,760			

_	edule C (Form 990 or 990-EZ) 2011				Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT f	iled Fo	orm 57	768
		(a)	(b)
		Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities? If "Yes," describe in Part IV				
j	Total lines 1c through 1i		_		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), d	or sect	tion
			_	Y	es No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				tion
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year	2a			
b	Carryover from last year	2b			
C	Total	2c			
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier | Return Reference | Explanation

DLN: 93493314003432

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

	me of the organization TARIAN UNIVERSALIST SERVICE COMMITTEE INC		Employer identification number
ON.	TARIAN UNIVERSALIST SERVICE COMMITTEE INC		04-6186012
Pa	rt I Organizations Maintaining Donor A organization answered "Yes" to Form 9	90, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor add funds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	nefit of the donor or donor advisor, or for an	y other purpose Yes No
	t II Conservation Easements. Complete		FORM 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	Preservation of an Preservation of a c	ertified historic structure
		Γ	Held at the End of the Year
а	Total number of conservation easements	<u> </u>	2a
ь	Total acreage restricted by conservation easement	s	2b
c	Number of conservation easements on a certified hi	<u> </u>	2c
d	Number of conservation easements included in (c)	 	2d
3	Number of conservation easements modified, transfithe taxable year -	erred, released, extinguished, or terminated	d by the organization during
4	Number of states where property subject to conserv	ation easement is located 🛌	<u> </u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds		ling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easeme	ents during the year 🛌
7	Amount of expenses incurred in monitoring, inspect \$\blue{\sigma}\$\$	ing, and enforcing conservation easements	during the year
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sect	rion Yes No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financial	
Par	Complete if the organization answered		or Other Similar Assets.
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or researc	h in furtherance of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research in	
	(i) Revenues included in Form 990, Part VIII, line	1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, his following amounts required to be reported under SFA		r financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part I										ntinuea)
	Jsing the organization's accession and othe tems (check all that apply)	er records, check any	of th	ne foll	-	_		se of its collection	n	
аГ	Public exhibition		d	Г	Loan or ex	change progr	ams			
ьΓ	Scholarly research		e	Γ	Other					
с Г	 Preservation for future generations 									
	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	w they	further the	e organızatıon	's ex	empt purpose in		
	During the year, did the organization solicit								Yes	┌ No
Part	IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar					on answere	d "Y	es" to Form 99	0,	
	s the organization an agent, trustee, custooncluded on Form 990, Part X?	dian or other interme	dıary	forco	ontribution	s or other ass	ets i	not $ar{\Gamma}$	Yes	┌ No
b I	f "Yes," explain the arrangement in Part XI	V and complete the	follow	ving ta	ble	Г		Amo	unt	
C F	Beginning balance					F	1c			
_	Additions during the year					F	1d			
•	Distributions during the year						1e			
_	Ending balance						1f			
	Old the organization include an amount on F	orm 990 Part V line	212			L		Г	Yes	┌ No
	f "Yes," explain the arrangement in Part XI'		. 21.					'	163	, 140
Part			ans	were	d "Yes" to	5 Form 990	Par	t IV line 10		
	ziidowiiielie i diidol complete	(a)Current Year		Prior Y		Two Years Back			(e) Four \	ears Back
1a B	Beginning of year balance	10,719,232		9,	669,685	8,171,90	3	11,327,288		
b 0	Contributions	330,707		1,	398,918	1,634,10	5	631,492		
c I	nvestment earnings or losses	-11,727		1,	767,922	1,309,53	9	-2,417,739		
d G	Grants or scholarships									
	Other expenditures for facilities and programs	1,243,580		2,	065,435	1,395,80	9	1,308,814		
f A	Administrative expenses	54,068			51,858	50,05	3	60,324		
g E	End of year balance	9,740,564		10,	719,232	9,669,68	5	8,171,903		
2 P	Provide the estimated percentage of the year	ar end balance held a	ıs							
a B	Board designated or quasi-endowment 🕨	60 080 %								
b P	Permanent endowment 🕨 37 180 %									
c T	erm endowment 🕨 2 740 %									
	Are there endowment funds not in the posse	ssion of the organiza	ation	that a	re held and	d administered	d for	the		
	organization by							[2.42	Yes	No
	i) unrelated organizations						•	3a(i) 3a(ii)		No No
-	ii) related organizations						•	Sa(II)	<u>' </u>	140
	Describe in Part XIV the intended uses of the	·								<u> </u>
Part	VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	art X,	line 10.					
	Description of property			(a)	Cost or othe			(c) Accumulated depreciation	(d) Bo	ok value
1a La	nd					970	,000			970,000
b Bu	ııldıngs					5,366		892,890		4,473,934
	asehold improvements							·		•
	quipment					589	,836	534,685		55,151
	ther						,198	,		23,198
	Add lines 1a-1e <i>(Column (d) should equal F</i>	orm 990, Part X, colun	nn (B)), line	10(c).) .		•		1	5,522,283

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives		000000000000000000000000000000000000000	, your market raide
(2)Closely-held equity interests			
Other			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
GIFT ANNUITIES PAYABLE	1,264,664		
LIABILITIES UNDER TRUST AGREEMENT	69,596		
POOLED INCOME DEFERRED REVENUE	186,401		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,520,661		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,046,588
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,982,208
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,064,380
4	Net unrealized gains (losses) on investments	4	-264,822
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-233,210
9	Total adjustments (net) Add lines 4 - 8	9	-498,032
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	566,348
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retur	
1	Total revenue, gains, and other support per audited financial statements	1	8,026,898
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-19,690
3	Subtract line 2e from line 1	3	8,046,588
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	8,046,588
	TXIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1 1	7,460,550
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV)	1	
e	Add lines 2a through 2d	2e	478,342
3	Subtract line 2e from line 1	3	6,982,208
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	6,982,208
Pa	rt XIV Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Identifier	Return Reference	Explanation			
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		UUSC ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICA MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY IF A TAX POSITION OF POSITIONS ARE DEEMED TO RESULT IN UNCERTAINTIES OF THOSE POSITIONS, THE UNRECOGNIZED TAX BENEFI IS ESTIMATED BASED ON A "CUMULATIVE PROBABILITY ASSESSMENT" THAT AGGREGATES THE ESTIMATED TAX LIABILITY FOR ALL UNCERTAIN TAX POSITIONS UUSC HAS IDENTIFIED ITS TAX STATUS AS A TAX EXEMPT ENTITY AS ITS ONLY SIGNIFICANT TAX POSITION, HOWEVER, UUSC HAS DETERMINED THAT SUCH TAX POSITION DOES NOT RESULT IN AN UNCERTAINTY REQUIRING RECOGNITION UUSC IS NOT CURRENTLY UNDER EXAMINATION BY ANY TAXING JURISDICTION UUSC'S FEDERAL AND STATE INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION FOR THREE YEARS FOLLOWING THE DATE FILED			
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT-INTEREST GIFTS -233,210			
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 213,713			
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSE 213,713 CHANGE IN VALUE OF SPLIT- INTEREST GIFTS 233,210			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314003432

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Statement of Activities Outside the United States

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

Open to Public Inspection

Internal Revenue Service Name of the organization

UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

Employer identification number

04-6186012

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		4 3 4 , 0 7
EAST ASIA AND THE PACIFIC	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		50,00
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		15,3
NORTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		9,0
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		54,0
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		64,2
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		326,0
Sub-total	0	0			952,8
Total from continuation sheets to Part I	0	0			
Totals (add lines 3a and 3b)	0	0			952,8

Jeneaule i	(10111 550) 2011
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
	Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

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

31

3 Enter total number of other organizations or entities

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	[·	. 1	۷o
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	▽	· N	۷o
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	Г	Yes	⊳	. 1	۷o
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	⊡	- N	۷o
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	V	· N	۷o
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	<u>ح</u> ا		۷o

Schedule F (Form 990) 2011

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier Recording to MONITORING GRANTS OUTSIDE THE US GRANTS OUTSIDE THE USE OF THE PROJECT OFFICE WITH THE USE OF THE PROJECT OFFI THE USE OF THE PROJECT ON THE USE OF THE PROJECT OF OF	information.		
ARE OUTLINED IN THE PROPOSAL FORM AND DARE MUTUALLY DARED UP ON PUSIC AND THE PARTNER ORGANIZATION THE GOALS OF THE PARTNER ORGANIZATION THE GOALS OF THE PARTNER ORGANIZATION THE GOALS OF THE PARTNER PARTNER FOR CARRIED THE PROJECT MUST SELVE PARTNER FOR CARRIED THE PROJECT MUST SELVE PARTNER FOR CARRIED THE PROJECT MUST SELVE PARTNER FOR CARRIED THE PARTNER ORGANIZATION TO CARRIED THE PARTNER FOR CARRIED THE PROJECT OF THE PARTNER ORGANIZATION TO CARRIED THE PARTNER ORGANIZATION THE PARTNER ORGANIZATION THE PARTNER ORGANIZATION TO CARRIED THE PARTNER ORGANIZATION TO CARRIED THE PARTNER ORGANIZATION TO CARRIED THE PARTNER ORGANIZATION THE PARTNER ORGANIZATION TO CARRIED THE PARTNER ORGANIZATION THE PARTNER ORGANIZATION TO CARRIED THE PARTNER ORGANIZATION THE CARRIED THE PARTNER ORGANIZATION THE CARRIED THE PARTNER ORGANIZATION THE CARRIED THE PA	Identifier	ReturnReference	
SCHEDULE F, PART II, LINE 2 THE NUMBER OF GRANTES LISTED ON PART II, LINE 2 REPRESENTS THE NUMBER CELEVIET ORGANIZATIONS, NOT THE NUMBER OF GRANTS MADE	PROCEDURE FOR MONITORING	Returnserence	SCHEDULE F, 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
		SCHEDULE F, PART II, LINE 2	THE NUMBER OF GRANTEES LISTED ON PART II, LINE 2 REPRESENTS THE NUMBER OF RECIPIENT ORGANIZATIONS,
			THE NOTIBER OF GRANT OTTABLE
	_		
			+
			+

Additional Data

Software ID: Software Version:

EIN: 04-6186012

Name: UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(ı) Method of valuation (book, FMV, appraisal, other)
		CENTRAL	HUMANITARIAN	69,520	WIRE			
		AMERICA AND	ASSISTANCE		TRANSFER			
		THE						
		CARIBBEAN						
			HUMANITARIAN	168,068	WIRE			
		AMERICA AND	ASSISTANCE		TRANSFER			
		THE						
		CARIBBEAN						
		CENTRAL	HUMANITARIAN	15,000	WIRE			
		AMERICA AND	ASSISTANCE		TRANSFER			
		THE						
		CARIBBEAN						

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HUMANITARIAN ASSISTANCE	49,900	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	HUMANITARIAN ASSISTANCE	75,903	WIRE TRANSFER			
		CENTRAL AMERICA AND THE CARIBBEAN	HUMANITARIAN ASSISTANCE	7,194	WIRE TRANSFER			

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(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HUMANITARIAN ASSISTANCE	48,492	WIRE TRANSFER			
		AND THE PACIFIC	DEMYSTIFYING CLIMATE CHANGE & PROMOTING THE HUMAN RIGHT TO WATER	15,000	TRANSFER			
		EAST ASIA AND THE PACIFIC	DEVELOP AND IMPLEMENT 4-5 EFFECTIVE STRATEGIES TO HELP 100 COMMUNITIES IN SHAN STATE PROTECT THEMSELVES FROM VIOLENCE AND EXPLOITATION BY ARMED GROUPS AND AUTHORITIES, DEVELOP SPECIFIC PROTECTION MECHANISMS FOR WOMEN, IMPROVE THEIR ECONOMIC STABILITY THROUGH COLLECTIVE STRATEGIES, PROTECT THEIR ASSET BASE, AND NEGOTIATE WITH LOCAL AUTHORITIES	35,000	WIRE TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	IDENTIFY ORGANIZATIONS WORKING TO INCLUDE EGYPTIAN WOMEN IN POLITICAL DECISION MAKING PROCESSES AND DEMOCRATIC TRANSITION	15,339	WIRE TRANSFER			
		SOUTH AMERICA	LEGAL CLINIC FOR CASES OF VIOLATIONS AND LEGISLATION ON HRW AND CC, PUBLICATION OF A COMPENDIUM OF RTW CASES	8,000	WIRE TRANSFER			
		SOUTH AMERICA	CASE BEFORE THE INTERAMERICAN COMMISSION OF HUMAN RIGHTS ON INDIGENOUS RIGHTS, HRW AND SUSPENSION OF THE GOLD MINE	10,500	WIRE TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	ADVOCACY TO IMPLEMENT BOLIVIA'S CONSTITUTION IN MUNICIPAL UTILITY IN EL ALTO AND LA PA	5,000	WIRE TRANSFER			
		SOUTH AMERICA	REGIONAL, NATIONAL AND LOCAL HRW COMMUNICATIONS STRATEGY AND LOCAL MODELS FOR ADVOCACY AGAINST PRIVITIZATION SCHEMES BY THE GOVERNMENT	10,000	WIRE TRANSFER			
		SOUTH AMERICA	IMPLEMENTATION OF NEW WATER LAWS AND A CONSTITUTION IN ECUADOR, CAMPAIGN TO HOLD INTERAGUA ACCOUNTABLE TO IMPLEMENT THE HRW	14,000	WIRE TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	1	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			WATER QUALITY TESTING AND ADVOCACY AGAINST THE GOLD MINE WHICH ADVERSELY IMPACTED WATER SOURCES	6,550	WIRE TRANSFER			
			ONGOING CASES OF RURAL COMMUNITY ACCESS TO WATER AFFECTED BY THE MEXICO CITY MUNICIPALITY'S DISCRIMINATORY POLICIES	9,000	WIRE TRANSFER			
			HUMANITARIAN ASSISTANCE	7,699	WIRE TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		I	HUMANITARIAN ASSISTANCE	38,352	WIRE TRANSFER			
		SOUTH ASIA	HUMANITARIAN ASSISTANCE	18,202	WIRE TRANSFER			
			HOPE IN CROPS PROJECT - PROTECTING WATER SOURCES FOR THE LOCAL COMMUNITIES, ENVIRONMENTAL CONSERVATION AND PROTECTION	14,750	WIRE TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB- SAHARAN AFRICA	SMALL FARMERS FUND (WOMEN MAKING CHANGE PROJECT) - CONSERVE THE ENVIRONMENT AND ERADICATE FEMALE CIRCUMCISION	7,400	WIRE TRANSFER			
		SUB- SAHARAN AFRICA	STRENGTENING THE WOMEN WATER NETWORK AND ADVOCACY ON GENDER EQUITY AND ACCESS TO WATER	21,000	WIRE TRANSFER			
		SUB- SAHARAN AFRICA	HUMANITARIAN ASSISTANCE	29,940	WIRE TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if	(c) Region	(d) Purpose of grant	(e) A mount of	(f) Manner of cash	(g) A mount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV,
J	applicable)			cash grant	disbursement	assistance	assistance	appraisal, other)
		SAHARAN AFRICA	EXPAND THE PROGRAM OF SUSTAINABLE RETURN FROM 30 VILLAGES IN TWO PARISHES TO 50 VILLAGES IN FOUR PARISHES, CONTINUING TO	50,301	WIRE TRANSFER			othery
			ENGAGE OTHER NGOS TO INCREASE THE ECONOMIC AND CULTURAL VIABILITY OF RURAL LIFE, REWEAVE THE FABRIC OF SOCIETY AND BUILD SUSTAINABLE					
			PEACE IN NORTHERN UGANDA					
		SUB- SAHARAN AFRICA	HUMANITARIAN ASSISTANCE	29,500	TRANSFER			
		AFRICA	STRENGTHEN ALLIANCES OF STREET VENDORS IN KENYA BY AMPLIFYING WORKER VOICES, BUILDING REGIONAL SOLIDARITY, AND INFLUENCING GOVERNMENT AUTHORITIES TO SUPPORT THE SECTOR, THROUGH RECRUITMENT OF NEW MEMBERS, CONTINUED ADVOCACY ON LEGISLATION TO SUPPORT INFORMAL SECTOR, NEGOTIATION SKILLS TRAINING, WOMEN'S LEADERSHIP FORUMS, SENSITIZATION SEMINARS FOR DISABLED MEMBERS, AND TRAINING IN	30,026	WIRE TRANSFER			

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(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	cash grant	(f) Manner of cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SAHARAN AFRICA	PREPARE FOR A PEACEFUL ELECTION AND AFTERMATH IN 2012 BY SUPPORTING A COHESIVE CROSS-ETHNIC ORGANIZATION OF DISPLACED WOMEN AND YOUTH IN KAKAMEGA WHO WILL SERVE AS CATALYSTS FOR PEACE BUILDING WORK AMONG ORGANIZATIONS IN THAT AREA TO PREVENT ELECTORAL VIOLENCE	27,463	TRANSFER			
			SUPPORT FOR TRAINING YOUNG PEOPLE TO GAIN SKILLS AND LIVELIHOODS IN PLANTING ORGANIC FOODS TO CHALLENGE GMOS, PREPARING NUTRITIOUS MEALS USING TRADITIONAL CROPS, PREVENTING TRAFFICKING OF YOUTH AT-RISK HUMANITARIAN	23,275	TRANSFER			
		SAHARAN AFRICA	ASSISTANCE	23,273	TRANSFER			

(a) Name of organization	(b) IRS code section and EIN(if applicable)		(d) Purpose of grant	(e) A mount of cash grant	cash disbursement	(g) A mount of non-cash assistance	(h) Description of non-cash assistance	(1) Method of valuation (book, FMV, appraisal, other)
		SUB-	HUMANITARIAN	40,000	WIRE			
		SAHARAN AFRICA	ASSISTANCE		TRANSFER			
		SUB-	REDUCE CHILD	20,000	WIRE			
			LABOR BY		TRANSFER			
			INCREASING		KANSI EK			
		A I KI CA	FAMILY INCOME,					
			EXPANDING					
			ACCESS TO JOB-					
			SKILLS TRAINING					
			AND EDUCATION					
			AND GENERATING					
			CAREER LADDERS					
			FOR					
			CHILDREN/YOUTH					
			AT-RISK BY					
			SUPPORTING					
			YOUTH AT-RISK					
			AND MEMBERS OF					
			THEIR					
			HOUSEHOLDS IN					
			NAIROBI/MACHAKOS					
			WITH JOB-SKILLS					
			TRAINING AND					
			EDUCATION					
			OPPORTUNITIES,					
			EXPAND SCOPE TO					
			NEW TOWNS, AND A					
			PLAN FOR AN					
			ALTERNATIVE					
			SCHOOL RUN BY					
			ROCK WOMEN					
		SUB-	HUMANITARIAN	6,000				
			ASSISTANCE		TRANSFER			
	1	AFRICA	1					

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DLN: 93493314003432

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Open to Public Inspection

lame of the organization	
INITARIAN UNIVERSALIST	SERVICE COMMITTEE INC

Employer identification number

04-6186012

Part I	Fundraising Activities.	Complete if the	organization answered	"Yes" to Fo	rm 990, I	Part IV, line 17.
--------	-------------------------	-----------------	-----------------------	-------------	-----------	-------------------

to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table

- Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and e-mail solicitations f Solicitation of government grants Phone solicitations g

 ✓ Special fundraising events ▼ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is
- (i) Name and address of (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) fundraiser listed in or entity (fundraiser) custody or organization control of col (i) contributions? Yes No DONOR INTEGRATED DIRECT MARKETING MARKETING 1250 CONNECTICUT AVE Νo 1,473,877 97,340 1,376,537 NW STE 200 WASHINGTON, DC 20036 PHONE PUBLIC INTEREST SOLICITATION COMMUNICATIONS 7700 LEESBURG PIKE SUITE 287,662 228,810 Νo 58,852 301 FALLS CHURCH, VA 22043

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MN, RI, HI, OK, FL, CO, WI, DC, AK, AR, AL, UT, WV, MA, PA, SC, CA, IN, NC, NH, NY, OH, OR, VA, WA, CT, ME, GA, IL, KS, KY, MD, MI, NJ, NM, TN, AZ, LA, MO

1,761,539

1,605,347

156,192

			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts				
	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses .				
	10	Direct expense summary Add lin	nes 4 through 9 ın colum	n (d)		(
	11	Net income summary Combine li	_			
rt	1111	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
_						_
		,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 (Gross revenue			(c) Other gaming	(Add col (a) through
					(c) Other gaming	(Add col (a) through
	2	Gross revenue			(c) Other gaming	(Add col (a) through
	3	Gross revenue Cash prizes			(c) Other gaming	(Add col (a) through
	2 ⁽ 3 ⁽ 4 ⁽	Gross revenue Cash prizes Non-cash prizes			(c) Other gaming	(Add col (a) through
	2 (3) 4 5 (Gross revenue Cash prizes Non-cash prizes Rent/facility costs				(Add col (a) through
	2 (3 4 5 (6) (6)	Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses	(a) Bingo ☐ Yes ☐ No	□ Yes	Г Yes	(Add col (a) through
	2 (3 4 5 (6) 7	Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo Yes No s 2 through 5 in column	□ Yes	Г Yes Г No	(Add col (a) through
	2 (3 4 5 (6) 7 8 Enter Is the	Gross revenue	(a) Bingo Yes No s 2 through 5 in column whine lines 1 and 7 in column ation operates gaming action operates in each	Tyes No (d)	Г Yes	(Add col (a) through col (c))
	2 (3 4 1 5 (6 1 1 1 1 1 1 1 1 1	Gross revenue Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Comer the state(s) in which the organization of the companion of the companio	(a) Bingo Yes No s 2 through 5 in column obine lines 1 and 7 in column ation operates gaming activities in each gaming activities in each	T Yes No (d)	Г Yes	(Add col (a) through col (c))

Sche	edule G (Form 990 or 990-EZ) 20	11		Page 3				
11	Does the organization operate g	aming activities with nonmembers?		· · · · Fyes Fno				
12	Is the organization a grantor, be	neficiary or trustee of a trust or a me	mber of a partnership or other entity					
	formed to administer charitable	gamıng?		· · · · F Yes F No				
13	Indicate the percentage of gami	ng activity operated in						
а	The organization's facility $oldsymbol{.}$			13a				
b	An outside facility			13b				
14	Provide the name and address o records	f the person who prepares the organı	zation's gaming/special events book	s and				
	Name ►							
	Address ►							
15a	Does the organization have a co	ntract with a third party from whom t	he organization receives gaming					
	revenue?			· · · · Fyes Fno				
b	If "Yes," enter the amount of ga	ming revenue received by the organiz	zatıon 🟲 \$ an	d the				
	amount of gaming revenue retail	ned by the third party 🟲 \$						
c	If "Yes," enter name and addres	S						
	Name 🟲							
	Address ►							
16	Gaming manager information							
	Name ▶							
	Gaming manager compensation	▶ \$						
	Description of services provided	ı -						
	Director/officer	Employee	Independent contractor					
17	Mandatory distributions							
а	Is the organization required und	er state law to make charitable distri	butions from the gaming proceeds to					
	retain the state gaming license?			Yes Γ_{No}				
b		s required under state law distributed	d to other exempt organizations or sp	ent				
В		t activities during the tax year \ \$		hadula C /				
Pa	rt IV Complete this part to instructions.)	provide additional information fo	or responses to quuestion on Sc	neaule G (see				
	Identifier	ReturnReference	Explana	tion				
	PLANATION OF FUNDRAISING YMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE AMOUNT PAID TO FUNDRA COSTS OF \$82,435 PAID TO IN MARKETING AND \$11,428 PAID COMMUNICATIONS	TERGATED DIRECT				

Schedule G (Form 990 or 990-EZ) 2011

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Schedule I

(Form 990)

DLN: 93493314003432 OMB No 1545-0047

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

Inspection

Department of the Treasury ► Attach to Form 990 Internal Revenue Service Employer identification number Name of the organization UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC 04-6186012 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.								
(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance			
		+						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
MONITORING GRANTS	,	SCHEDULE I, PART I, LINE 2 EACH GRANT HAS A TERM LIMIT AT THE END OF THE TERM, A FULL NARRATIVE AND FINANCIAL REPORT IS REQUESTED THAT DOCUMENTS HOW THE FUNDS WERE USED MONITORING AND
IN THE U S		EVALUATION OF THE PROJECT IS ONGOING THROUGHOUT THE TERM OF THE GRANT

Software ID: Software Version:

EIN: 04-6186012

Name: UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UU LEGISLATIVE MINISTRY CA717 K STREET SUITE 514 SACRAMENTO,CA 95814	87- 0694546	501(C)(3)	28,330			SUPPORT FOR REGIONAL ORGANIZER TO COORDINATE FAITH-BASED OUTREACH AND SACRAMENTO- BASED ADVOCACY WITH SAFE WATER ALLIANCE
ACUPUNCTURISTS WITHOUT BORDERS 909 VIRGINIA ST NE SUITE 211 ALBEQUERQUE, NM 87407	54- 2190889	501(C)(3)	5,000			ADDENDUM TO TRAUMA TREATMENT TRAINING PROJECT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AICHAMSA1718 M ST NW 243 WASHINGTON, DC 20036	06- 1163452	1 501(C)(3)	20,653				SUPPORTING CIVIL LIBERTIES AND POST ELECTION ACTIVITIES IN EGYPT AND TUNISIA
BILL OF RIGHTS DEFENSE COMMITTEE8 BRIDGE ST SUITE A NORTHAMPTON, MA 01060	27- 0042821	501(C)(3)	27,000				BUILDING COALITIONS BETWEEN GROUPS WORKING TO COMBAT RACIAL AND RELIGIOUS PROFILING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	• •	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR VICTIMS OF TORTURE1776 K ST NW SUITE 200 WASHINGTON, DC 20006	36- 3383933	1 501(0)(3)	20,000				BUILD AND ORGANIZE A STRATEGY FOR A COALITION OF ORGANIZATIONS WORKING ON US ACCOUNTABILITY FOR TORTURE
ENVIRONMENTAL JUSTICE COALITION FOR WATER (EJCW) 309 ALMEDA BLVD WEST SACRAMENTO, CA 95691	20- 2539559	1 501(0)(3)	7,500				SUPPORT THE HRW CAMPAIGN IN CALIFORNIA

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LET JUSTICE ROLL 1550 S INDIANA AVE CHICAGO,IL 60605	26- 2888798	1 5017631	16,500				ENGAGE MEMBERS IN CONSUMER ADVOCACY ACTIVITIES IN SUPPORT OF A LIVING WAGE AND ENCOURAGE FAIR EMPLOYMENT PRACTICES
MASSASCHUSETTS GLOBAL ACTION (MGA)33 HARRISON AVE 4TH FLOOR	04- 3454144	1 5017631	17,500				BOSTON HRW POLICY AND LOCAL UTILITY ADVOCACY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST ARKANSAS WORKERS' JUSTICE CENTER (NWAWJC) 2200 W SUNSET B-4 SPRINGDALE, AZ 72762	20- 3709967	501(C)(3)	20,000			SUPPORT LOW- WAGE, IMMIGRANT WORKERS IN NW ARKANSAS TO ADVOCATE FOR LABOR RIGHTS
RESTAURANT OPPORTUNITIES CENTER-UNITED (ROC-UNITED)350 7TH AVENUE SUITE 1504 NEW YORK, NY 10001	01- 0939141	501(C)(3)	17,500			IMPROVE CONDITIONS FOR RESTAURANT WORKERS, SUPPORT THEIR EFFORTS TO GROW COLLECTIVE POWER AND STRENGTHEN LABOR REGULATIONS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN ALTERNATIVES AGRICULTURAL COOPERATIVE (SAAC)PO BOX 426 LESLIE, GA 31764	27- 0106848	Ι Ν/Δ	5,000				BUILDING CAPACITY OF A RURAL SOUTHERN PECAN CO-OP
STITCH1525 NEWTON ST NW WASHINGTON, DC 20010	36- 4275984	501(C)(3)	20,000				TRAIN WOMEN WORKERS IN CENTRAL AMERICA THROUGH REGIONAL MEETINGS AND LABOR SCHOOLS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TASSC INTERNATIONAL 4121 HAREWOOD ROAD NE SUITE B WASHINGTON, DC 20017	30- 0060696	501(C)(3)	10,000			IDENTIFY ORGANIZATION WORKING TO PROVIDE SUPPORT FOR SURVIVORS IN THEIR HEALING PROCESS
THE NATIONAL RELIGIOUS CAMPAIGN AGAINST TORTURE316 F ST NE WASHINGTON, DC 20002	26- 1545982	501(C)(3)	10,000			BUILDING RELATIONSHIPS WITH NEW COMMUNITIES

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAUMA RESOURCE INSTITUTE270 LOMA ENTRADA SANTA FE,NM 87501	20- 2420669	501(C)(3)	35,613				HAITI HUMANITARIAN ASSISTANCE

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DLN: 93493314003432

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name of	the organiza	tion		
JNITARIAN	UNIVERSALIST	SERVICE	COMMITTEE	INC

Employer identification number

04-6186012

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the approplate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	✓ Compensation committee ✓ Written employment contract			
	✓ Independent compensation consultant ✓ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III			
		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or
		compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
(1) WILLIAM SCHULZ	(I) (II)	150,451 0	0	0	15,233 0		181,916 0	0

Schedule J (Form 990) 2011 Page **3**

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493314003432

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

UNI	TARIAN UNIVERSALIST SERV	ICE COMMITTEE I	NC							4-618				
Pa	rt I Bond Issues													
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pric	e	(f) Description	of Purpose	(g) De	feased		On alf of uer		Pool ncing
									Yes	No	Yes	No	Yes	No
A	MASS DEVELOPMENT FINANCE AGENCY	04-3431814	NONEAVAIL	05-17-2007	3,500,0		JRCHASE OF C JILDING	CHASE OF OFFICE LDING				X		х
Pa	rt III Proceeds			•		•								
					Α			В		С			D	
1	A mount of bonds retired													
2	Amount of bonds defeased													
3	Total proceeds of issue				3,	500,00	00							
4	Gross proceeds in reserve fun	ıds												
5	Capitalized interest from proce	eeds												
6	Proceeds in refunding escrow													
7	Issuance costs from proceeds		47,00	00										
8	Credit enhancement from proc	ceeds												
9	Working capital expenditures 1	from proceeds												
10	Capital expenditures from pro	ceeds			3,453,000									
11	Other spent proceeds				,	•								
12	Other unspent proceeds													
13	Year of substantial completion	า			2009									
	· · · · · · · · · · · · · · · · · · ·				Yes	No	Yes	l No l	Yes	1	No	Yes	- 1	No
14	Were the bonds issued as part	t of a current refundi	ng issue?			X	133	111				100	\top	
15	Were the bonds issued as part	t of an advance refur	ndına issue?			X							+	
16													+	
					X		+						+	
17	allocation of proceeds?		na records to supp	ore the illiar	X									
Pai	11111 Private Business U	Jse												
					A Maria	NI -		B L		C	NI-	\	D	
	Was the surrenties a south			C which a sum a d	Yes	No	Yes	No	Yes		No	Yes	+	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Χ

Sche	edule K (Form 990) 2011									Page 2
Par	Private Business Use (Continued)								•	_
			A	-		3		С		D
3a	Are there any management or service contracts that may result in private use?	business	Yes	No X	Yes	No	Ye	s No	Yes	No
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?									
С	Are there any research agreements that may result in private business usfinanced property?	e of bond-		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper									
4	Enter the percentage of financed property used in a private business use bother than a section 501(c)(3) organization or a state or local government			0 %						
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government			0 %						
6	Total of lines 4 and 5			0 %						
7	Has the organization adopted management practices and procedures to en post-issuance compliance of its tax-exempt bond liabilities?	sure the	Х							
Pai	rt IV Arbitrage						•	•		
		Α			В		С		D	
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes	No X	Yes	No	•	fes	No	Yes	No
2	Is the bond issue a variable rate issue?		X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		Х							
b	Name of provider		•		•			•		•
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									

Part V Procedures To Undertake Corrective Action

Did the bond issue qualify for an exception to rebate?

Was the regulatory safe harbor for establishing the fair market

Were any gross proceeds invested beyond an available temporary

Χ

Χ

Χ

Part VI Supplemental Information

Were gross proceeds invested in a GIC?

Name of provider

value of the GIC satisfied?

Term of GIC

4a

b

c d

5

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier Return Reference Explanation

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As Filed Data -

DLN: 93493314003432

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC	Employer identifi	cation number
	04-6186012	

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	UUSC ADVANCES HUMAN RIGHTS AND SOCIAL JUSTICE AROUND THE WORLD, PARTNERING WITH THOSE WHO CONFRONT UNJUST POWER STRUCTURES AND MOBILIZING TO CHALLENGE OPPRESSIVE POLICIES

ldentifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	RIGHTS IN HUMANITARIAN CRISES - IN BOTH DISASTERS AND CONFLICTS, UUSC AND ITS LOCAL GRASSROOTS PARTNERS SUPPORT POPULATIONS WHOSE RACE, CLASS, GENDER, OR RELIGION MARGINALIZE THEM FROM ACCESSING MAINSTREAM AID SEED GRANTS FROM UUSC FUND INNOVATIVE PROJECTS BUILDING ON LOCAL CAPACITY THAT OTHER ORGANIZATIONS CAN LEARN FROM, ADAPT, AND BUILD UPON IN FY12, UUSC RESPONDED TO DISASTERS AND CONFLICTS IN PAKISTAN, HAITI, JAPAN, SOMALIA AND EAST AFRICA, AND GAZA UUSC ALSO CONTINUED TO WORK IN NEGLECTED CONFLICTS IN UGANDA, MYANMAR, DARFUR, AND KENYA IN HAITI, THE ORGANIZATION FACILITATED THE TRAINING OF 50 HAITIANS WHO CAN NOW TRAIN TRAINERS IN TRAUMA RESILIENCY UUSC ESTABLISHED AN ECO-VILLAGE MODEL FOR RESETTLING EARTHQUAKE SURVIVORS IN A SUSTAINABLE, VIABLE RURAL SETTING THAT IS NOW BEING REPLICATED BY OTHER NONGOVERNMENTAL ORGANIZATIONS IN EAST AFRICA, UUSC PROTECTED 1,200 KENYAN SOMALI CHILDREN, DISPLACED BY FAMINE, FROM EXPLOITATION, ENABLING THEM TO ACCESS EDUCATION BY PROVIDING SAFE, ACCESSIBLE, CLOSE SOURCES OF WATER, UUSC PROTECTED 9,000 DISPLACED KENYAN SOMALI WOMEN FROM GENDER-BASED VIOLENCE. UUSC TRAINED 30 IMAMS AND 40 WOMEN LEADERS IN DARFUR TO USE ISLAMIC VALUES TO PROTECT WOMEN FROM DOMESTIC AND GENDER-BASED VIOLENCE. IN JAPAN, UUSC SUPPORTED TOWNSPEOPLE TO BUILD AND ORGANIZE A COMMUNITY-RUN CENTER THAT PROVIDES 1,400 PEOPLE A MONTH WITH MEALS, PSYCHOLOGICAL SUPPORT, SERVICES AND ADVICE TO IMMIGRANTS, AND ACCESS TO VOLUNTEER SERVICES WITH UUSC SUPPORT, SERVICES AND ADVICE TO IMMIGRANTS, AND ACCESS TO VOLUNTEER SERVICES WITH UUSC SUPPORT, SO VILLAGES IN NORTHERN UGANDA HAVE BEEN ABLE TO SUCCESSFULLY ADVOCATE WITH LOCAL GOVERNMENT FOR ROADS, HEALTH CENTERS, AND SCHOOLS, HAVE BEGUN TO RESOLVE LAND CONFLICTS, AND ARE TRAINING OTHER COMMUNITIES IN CONFLICT RESOLUTION ALMOST 300 COMMUNITIES IN A WARAFFECTED AREA OF MY ANMAR NOW HAVE COMMUNITY-LED REVOLVING-LOAN FUNDS, GIVING THEM ACCESS TO CREDIT, AND BUILDING COLLECTIVE STRENGTH THROUGH THOSE SAME CREDIT UNIONS, COMMUNITIES ARE HELPING PAY TEACHERS IN 30 COM

ldentifier Return Reference	Explanation
PROGRAM SERVICE STATEMENT 4B	ENVIRONMENTAL JUSTICE - UUSC WORKS TO ESTABLISH THE HUMAN RIGHT TO WATER AND SANITATION IN LAW, POLICY, AND FACT THROUGH SUPPORTING MODELS FOR IMPLEMENTATION AND NEW LAW AS WELL AS EFFORTS TO ADDRESS VIOLATIONS OF THESE HUMAN RIGHTS ACCESS TO CLEAN, SAFE, AND AFFORDABLE WATER IS A FUNDAMENTAL HUMAN RIGHT ESSENTIAL TO HEALTH, THE ENVIRONMENT, AND THE ECONOMY GLOBALLY, NATIONALLY, AND LOCALLY THE LEGACY OF NEGLECT IN MARGINALIZED COMMUNITIES FOR WATER AND SANITATION SERVICES MEANS THE NEEDS OF MANY WOMEN AND GIRLS, RACIAL AND ETHNIC GROUPS, AND LOW-INCOME RESIDENTS GO UNFULFILLED THIS YEAR UUSC PROVIDED SUPPORT FOR 14 PARTNERS IN AFRICA, THE AMERICAS, AND ASIA THE SUPPORT HELPED CIVIL-SOCIETY ORGANIZATIONS TO BRING STATE WATER POLICY CHANGE IN CALIFORNIA, RESEARCH THE IMPACTS OF WATER SHUT OFFS ACCORDING TO RACE IN BOSTON, MONITOR AND REACH AGREEMENT TO REMEDIATE MINING IMPACTS ON DRINKING WATER RESOURCES OF INDIGENOUS COMMUNITIES IN GUATEMALA, AND DEVELOP A PLATFORM OF GENDER EQUITY IN THE NATIONAL CONSTITUTIONAL PROCESS IN TANZANIA

ldentifier Return Reference	Explanation
PROGRAM SERVICE STATEMENT LINE 4C	ECONOMIC JUSTICE - UUSC SUPPORTS GROUPS IN THE UNITED STATES AND OVERSEAS THAT STRENGTHEN THE CAPACITY OF MARGINALIZED, INFORMAL-ECONOMY WORKERS TO ACHIEVE JUST WORKING CONDITIONS THROUGH STRUCTURAL CHANGE AND FAIR TRADE. THIS YEAR, OUR PARTNERS WORKING TO COMBAT CHILD LABOR IN KENYA, THE ROCK WOMEN GROUP AND MUUNGANO, TRAINED MORE THAN 450 AT-RISK YOUTH IN SUSTAINABLE MICROENTERPRISES ENABLING THE YOUTH TO AVOID DANGEROUS FORMS OF EMPLOYMENT LIKE PROSTITUTION UUSC'S PARTNER, THE KENYA NATIONAL ALLIANCE OF STREET VENDORS AND INFORMAL TRADERS, ADVOCATED FOR NATIONAL LEGISLATION TO BOOST LABOR PROTECTIONS IN THE INFORMAL SECTOR, CONDUCTED LEADERSHIP FORUMS FOR WOMEN AND DISABLED STREET VENDORS, AND EXPANDED FROM 6,000 TO 9,200 MEMBERS ALSO, UUSC SUPPORTED OUR PARTNER, STITCH, TO IMPLEMENT A LEADERSHIP AND ORGANIZING CURRICULUM WITH 4,000 MARGINALIZED WOMEN WORKERS IN THE UNITED STATES AND CENTRAL AMERICA, WHICH LED TO THE FORMATION OF WOMENS COMMITTEES AND ELECTION OF WOMEN TO KEY LEADERSHIP POSITIONS IN THEIR UNIONS AND ORGANIZATIONS UUSC ALSO WORKED WITH PARTNERS IN THE UNITED STATES TO STRENGTHEN PROGRAMS THAT ADDRESS WAGE THEFT, OCCUPATIONAL SAFETY, AND DISCRIMINATION AGAINST WOMEN AND IMMIGRANT WORKERS IN THE POULTRY-PROCESSING, CONSTRUCTION, AND RESTAURANT INDUSTRIES, AND SUPPORTED SOUTHERN ALTERNATIVES AGRICULTURAL CO-OPERATIVE, A PECAN CO-OP RUN BY RURAL AFRICAN-AMERICAN WOMEN, TO STRENGTHEN ITS BUSINESS PRACTICES AND REACH NEW MARKETS FOR ITS PRODUCTS

Identifie	Return Reference	Explanation
		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

Identifier	Return Reference	Explanation	
	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.	

ldentifier	ntifier Return Explanation	
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE PRESIDENT/CEO IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE THE BOARD OF TRUSTEES, ALL OF WHOM ARE INDEPENDENT OF THE PRESIDENT/CEO THE COMPENSATION IS DETERMINED BY REFERENCE TO COMPARABILITY DATA THE PRESIDENT/CEO'S COMPENSATION IS REVIEWED AND POTENTIALLY ADJUSTED ANNUALLY UPON BOARD APPROVAL THE ORGANIZATION MAINTAINS CONTEMPORANEOUS DOCUMENTATION OF THE DELIBERATION AND DECISION COMPENSATION FOR OTHER OFFICERS IS DETERMINED BY THE PRESIDENT/CEO SUCH COMPENSATION IS SIMILARLY DETERMINED BY REFERENCE TO COMPARABILITY DATA

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	UUSC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY PUBLISHING THEM ON ITS WEBSITE ADDITIONALLY, THE FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	'	NET UNREALIZED LOSSES ON INVESTMENTS -264,822 CHANGE IN VALUE OF SPLIT-INTEREST GIFTS -233,210 TOTAL TO FORM 990, PART XI, LINE 5 -498,032

Additional Data

Software ID: Software Version:

EIN: 04-6186012

Name: UNITARIAN UNIVERSALIST SERVICE COMMITTEE INC

12,500) (Revenue \$

64.492)

Form 990, Special Condition Description:

)(Expenses \$

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

OPERATING AGREEMENT

(Code

(Code) (Expenses \$ 954,294 including grants of \$ 110,233) (Revenue \$ 62,390)

CIVIL LIBERTIES - UUSC WORKS TO ENSURE PROTECTION FROM UNLAWFUL GOVERNMENT INTRUSION AND SUPPORT FOR EQUAL PARTICIPATION IN OPEN DEMOCRATIC PROCESSES REGARDLESS OF RACE, CLASS, GENDER, OR RELIGION BY SUPPORTING CITIZEN ENGAGEMENT AND BUILDING MOVEMENTS UUSC SUPPORTED ITS CIVIL LIBERTIES PARTNERS IN THE UNITED STATES, THE MIDDLE EAST, AND NORTH AFRICA IN WASHINGTON, D C , UUSC TRAINED 20 SURVIVORS OF TORTURE TO ESTABLISH COMMUNITIES OF HEALING AND SUPPORT SURVIVORS OF TORTURE IN IMMIGRATION DETENTION IN CHICAGO, UUSC SUPPORTED A GATHERING OF 25 ACTIVISTS WHO SHARED EFFECTIVE STRATEGIES FOR PREVENTING POLICE PROFILING AT THE LOCAL LEVEL AND LEARNED HOW TO WORK TOGETHER TO INCREASE THEIR EFFECTIVENESS IN WASHINGTON, D C , UUSC BROUGHT 30 DISPARATE ACTIVISTS TOGETHER TO BUILD A COMMON VISION FOR AN EFFECTIVE GRASSROOTS MOVEMENT FOR U S ACCOUNTABILITY ON TORTURE IN TUNISIA, UUSC SUPPORTED ITS PARTNER IN TRAINING 40 STUDENTS ON THE CONSTITUTION WRITING PROCESS AND HELPING THE STUDENTS IDENTIFY WAYS THEY CAN MAKE THEIR VOICES HEARD IN THE CONSTITUENT ASSEMBLY

490,667 including grants of \$

COLLEGE OF SOCIAL JUSTICE - THE MISSION OF THE COLLEGE IS TO BUILD THE CAPACITY OF UNITARIAN UNIVERSALISTS AND OTHERS TO CATALYZE JUSTICE THROUGH SERVICE LEARNING JOURNEYS AND OTHER HANDS-ON JUSTICE EDUCATION PROGRAMS THAT ARE GROUNDED IN PERSONAL SPIRITUAL PRACTICE AND UNITARIAN UNIVERSALIST PRINCIPLES PROGRAMS WELCOME ACTIVISTS OF ANY AGE WITH A SPECIAL EMPHASIS ON ENCOURAGING YOUTH, YOUNG ADULTS, SEMINARIANS AND RELIGIOUS PROFESSIONALS TO MAKE SOCIAL JUSTICE WORK PART OF THEIR IDENTITY AND CALLING THE COLLEGE CONDUCTED FIVE SERVICE-LEARNING TRIPS TO HAITI TO WORK WITH HAITIAN PARTNERS, THE PAPAYE PEASANT'S MOVEMENT (MPP), IN CONSTRUCTING TWO ECO-VILLAGES THAT COMBINE EARTHQUAKE RESISTANT HOMES AND SUSTAINABLE COMMUNITY FARMING FOR EARTHQUAKE SURVIVORS THE COLLEGE ALSO CONDUCTED ITS FIRST NATIONAL YOUTH JUSTICE TRAINING FOR HIGH SCHOOL AGE YOUTH, IT'S FIRST GLOBAL JUSTICE INTERNSHIPS FOR COLLEGE AGE YOUNG ADULTS, AND LED A NEW VERSION OF ITS CIVIL RIGHTS JOURNEY WHICH INTRODUCES YOUTH, PARENTS AND ADVISORS TO THE KEY SITES, FIGURES AND EVENTS OF THE AMERICAN CIVIL RIGHTS MOVEMENT FOR NEXT YEAR, THE COLLEGE PLANS CONTINUATION OF THESE PROGRAMS AND, IN CONJUNCTION WITH PARTNER ORGANIZATIONS, WILL BE ADDING NEW SERVICE-LEARNING PROGRAMS TO INDIA, GUATEMALA, TANZANIA/BURUNDI, NEW ORLEANS AND AN IMMIGRATION JUSTICE TOUR TO THE US-MEXICO BORDER THE COLLEGE 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