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DLN: 93493316010416

Open to Public Inspection

OMB No 1545-0047

Department of the Internal Revenue Service **Return of Organization Exempt From Income Tax**

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

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

		201E		ii 07 04 204Eddi 06 20 5	016				
			C Name of organization	eginning 07-01-2015 , and ending 06-30-2	2016	D Emple	over i	dentification number	
		pplicable change	Unitarian Universalist Service Committee Inc	e			-		
	ame ch	-				04-6	1860	012	
_	ıtıal ret	-	Doing business as						
Fii	nal					E Teleph	one ni	umber	
_	termin		689 Massachusetts Avenue	box if mail is not delivered to street address) Room,	/suite	1617	1 0 6 0	-6600	
		return	City or town state or provin	nce, country, and ZIP or foreign postal code		(617) 000	-6600	
Ap	plication	n pending	Cambridge, MA 02139	ice, country, and ZIP of foreign postal code		G Gross	recein	ts \$ 9,314,994	
			F Name and address of						
			F Name and address of William F Schulz	principal officer		Is this a group			
			689 Massachusetts Ave	enue	9	subordinates? No		⊤ Yes 🗸	
			Cambridge, MA 02139		— _{Н(b)} А	Are all subord	ınate	s Yes No	
I la:	x-exem	npt status	√ 501(c)(3)	() ◀ (insert no) 4947(a)(1) or 527		ncluded?			
J W	ebsite	e: > www	w uusc org			· ·		st (see instructions)	
						Group exemp			
K Forr	n of or	ganızatıon	✓ Corporation Trust	Association Other ►	L Year	of formation 1	948	M State of legal domicile Ma	
Da	rt I	Sum	mary						
ГĊ		_	•	nission or most significant activities					
		ee Sche		mission of most significant activities					
e e									
Ĕ	_								
Ē		<u> </u>				250, 61			
Governance	2 (Check th	is box > If the organiza	ition discontinued its operations or dispose	ed of more ti	han 25% of it	s net	assets	
	3 1	Number	of voting members of the g	governing body (Part VI, line 1a)			3	14	
× 5 √1			-	nbers of the governing body (Part VI, line 1			4	14	
₽			•	red in calendar year 2015 (Part V, line 2a)	•		5	52	
Activities &				ate if necessary)			6		
ĕ			•			2,000			
				from Part VIII, column (C), line 12			7a	18,501	
	ВИ	et umeia	ated business taxable inco	one nom Form 990-1, line 34	· · · ·	 Balaan Wasan	7b	8,686	
	_					Prior Year	4 2 2	Current Year	
Qı.	8		butions and grants (Part V	10,459		8,141,734			
Ravenue	9	_	am service revenue (Part \	186		125,816			
Àċ	10		tment income (Part VIII, o	941		464,147			
	11		revenue (Part VIII, colum	132	,723	111,745			
	12	Total (12)	revenue—add lines 8 throu	11,719	,315	8,843,442			
	13		s and similar amounts hair	d (Part IX, column (A), lines 1-3)		1,554	573	2,246,800	
	14		•	(Part IX, column (A), line 4)		1,554	0	2,240,000	
			·	mployee benefits (Part IX, column (A), line					
æ	15	5-10)	· · · · · · · · · · · · · · · · · · ·	imployee benefits (Fare IX, column (A), fine	³	4,459	,209	4,496,287	
Expenses	16a	Profes	ssional fundraising fees (P	art IX, column (A), line 11e)		206	,012	2 156,852	
Š.	ь	Total fu	undraising expenses (Part IX, col	lumn (D), line 25) ▶737,173					
ш	17			ın (A), lines 11a-11d, 11f-24e)	· .	2,725	.134	2,996,633	
	18			17 (must equal Part IX, column (A), line 25		8,944		9,896,572	
	19			ct line 18 from line 12	 	2,774		-1,053,130	
× 00									
Net Assets or Fund Balances					Beginn	ing of Current	Year	End of Year	
SSe	20	Total	assets (Part X, line 16)			31,897	,785	30,411,607	
Σ.Α.Α.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.Ε.	21	Total	liabilities (Part X, line 26)			4,739	,846	4,691,791	
žī	22	Net as	ssets or fund balances Su	btract line 21 from line 20		27,157	,939	25,719,816	
Par	t II	Sign	ature Block		,				
my kı	nowled	dge and i		ave examined this return, including accomp nd complete Declaration of preparer (other					
		****	×* *			2016-11-09			
Sign	1	Signa	ature of officer			Date			
Here		Mack	k Davidson VP & CFO						
			or print name and title						
			rint/Type preparer's name	Preparer's signature Craig Klein	Date 2016-11-09	Chack L *	PTIN		
Paid	Ŀ	0	Craig Klein	Check If self-employed	P00	734640			
	a pare	r [Firm's name			Firm's EIN ► 2	26-375	3134	
	On	1 -	Firm's address 🟲 500 Boylston St	treet		Phone no (61	7) 761	-0600	
USE	UII	עי	Boston, MA 02	2116					

Form 990 (2015)

Form	990 (2015)			Page 3
Par	t 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)?	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	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 I	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 V 🐿	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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	Yes	
	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 2	11c		No
	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 2	11 d		No
е	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 and XII "	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 and XII 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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	990 (2015)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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 lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24 c		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pait II. III. or IV.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

instructions for applicable filing thresholds, conditions, and exceptions)

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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

27

28a

28b

28c

29

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35a

35b

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37

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Yes

Yes

Yes

Yes

Form 990 (2015)

Νo

Νo

Νo

Nο

Nο

Nο

Nο

Νo

Νo

Nο

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V.			
		Check if Schedule O contains a response of flote to any line in this	rait	v	· ·	Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	50		103	110
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
		L ie organization comply with backup withholding rules for reportable payments to	n vend	lors and renortable			
·		g (gambling) winnings to prize winners?		· · · · · ·	1 c	Yes	
2a	Enter	the number of employees reported on Form W-3, Transmittal of Wage and					
		tatements, filed for the calendar year ending with or within the year covered	32	52			
.	•	s return	2a		2b	Yes	
D		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file				103	
3a	Did th	ie organization have unrelated business gross income of \$1,000 or more during	the y	/ear ⁷	3a	Yes	
ь	If "Yes	s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanati</i> c	on in S	Schedule O	3b	Yes	
4a	Atany	y time during the calendar year, did the organization have an interest in, or a si	gnatu	re or other authority			
		a financial account in a foreign country (such as a bank account, securities acc	count,	or other financial	4a		N.o.
		int)?					No
b		s," enter the name of the foreign country ▶	, and I				
	(FBAR		C allu I	- Illalicial Accounts			
5a	Was tl	· he organization a party to a prohibited tax shelter transaction at any time durin	na the	tax year?	5a		No
		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		No
		s," to line 5a or 5b, did the organization file Form 8886-T?			30		
·	11 10	3, to line 3d of 3b, and the organization me form 0000 fr	• •		5c		
6a		the organization have annual gross receipts that are normally greater than \$10			6a		No
.	-	ization solicit any contributions that were not tax deductible as charitable cont s," did the organization include with every solicitation an express statement th					
U		not tax deductible?		· · · ·	6 b		
7	Organ	izations that may receive deductible contributions under section 170(c).					
а		e organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a		No
b		es provided to the payor?			7b		
		e organization sell, exchange, or otherwise dispose of tangible personal proper					
		rm 8282?	· · .		7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
е	Dıd th	e organization receive any funds, directly or indirectly, to pay premiums on a p	erson	al benefit contract?	_		
f	Did th	ie organization, during the year, pay premiums, directly or indirectly, on a perso	anal be	anefit contract?	7e 7f		No No
		organization received a contribution of qualified intellectual property, did the o					NO
9	requir			ation ine i onii oo 55 as	7g		
h		organization received a contribution of cars, boats, airplanes, or other vehicles	s, did t	the organization file a			
_		1098-C?	•		7h		
8	-	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus	siness	s holdings at any time			
	during	the year?			8		
9a	Did th	ie sponsoring organization make any taxable distributions under section 49667	· .		9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ated p	erson?	9 b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross faciliti	receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
11		on 501(c)(12) organizations. Enter					
а	Gross	Income from members or shareholders	11a				
b	Gross	income from other sources (Do not net amounts due or paid to other sources					
	agains	st amounts due or received from them)..........[11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12 a		
b		s," enter the amount of tax-exempt interest received or accrued during the	12b				
13	year Section	on 501(c)(29) qualified nonprofit health insurance issuers.	- EU				
а		organization licensed to issue qualified health plans in more than one state? N onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
Ь		the amount of reserves the organization is required to maintain by the states	1		134		
-		ch the organization is licensed to issue qualified health plans	13b				
c	Enter	the amount of reserves on hand	13c		ļ		
		e organization receive any payments for indoor tanning services during the tax	•		14a		No
b	If"Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explana	tion in	Schedule O	14b		

orm	990 (2015)					Page
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI.	See ii	nstructions.			w,
Se	ction A. Governing Body and Management		<u> </u>	•		· · · · ·
	calon Al Governing Body and Hanagement				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		1.00	110
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con	,		3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	ganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	, ,	members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons u	ndertaken durıng the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8 b	Yes	
۵	Is there any officer director trustee or key employee listed in Part VII. Section A	who c	annot be reached at the			

organization's mailing address? If "Yes," provide the names and addresses in Schedule O Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Νo **10a** Did the organization have local chapters, branches, or affiliates? . . b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10h affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 **12**a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? . . . 13 13 Yes 14 Did the organization have a written document retention and destruction policy? . . . Yes 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? a The organization's CEO, Executive Director, or top management official . 15a Yes 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 Nο

Section 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 , KS , KY , LA , ME , MD , MA , MI , MN , NH , NJ , NM , NY , NC , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI , AL , AK , AR , ND

16b

- 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
 - ▼ Own website Another's website Upon request Other (explain in Schedule O)

 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of
- interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records
▶Carol Cahalane UUSC 689 Massachusetts Avenue Cambridge, MA 02139 (617) 301-4331

Part VII

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee (B) (C) (D) (F) (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated hours per more than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (Worganizations from the (W-2/1099for related 2/1099-MISC) organization and Former Highest compensat employee Individual trustee É organizations MISC) related ũ stitutional below organizations employee 更合 dotted line) Trustee See Additional Data Table

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

(A) Name and Title	(B) Average hours per week (list any hours	(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-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
See Additional Data Table											
1b Sub-Total	s to Part VII, S					. •		1,427,824	0	273,126	
							- > 1			2/3,120	
	Total number of individuals (including but not limited to those listed above) who received more than $\$100,\!000$ of reportable compensation from the organization $\blacktriangleright10$										

	_		Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
l		*	1 65	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

Name and business address	Description of services	Compensation
M&R Strategic Services	Public Relations Consulting	211,521
1901 L St NW Suite 800 Washington, DC 20036		
Integrated Direct Marketing	Fundraising/Consulting/Direct Mailing	101,171
1250 Connecticut Ave Washington, DC 20036		

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 ► 2

Form 99								Page 9
Part V	/##	Statement o						_
		Check if Schedi	ule O contains a respor	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ <u>~</u>	1a	Federated cam	paigns 1a	31,214				
Grants mounts	ь	Membership du	es 1b					
Ę, G	С	Fundraising eve	ents 1 c					
ifts ar /	d	Related organiz	zations 1d					
s, G imil	e	Government grant	s (contributions) 1e					
tion ir S	f	All other contribution	ons, gifts, grants, and 1f	8,110,520				
Contributions, Gifts, Grants and Other Similar Amounts	g		ons included in lines	785,658				
Contrand C	-	1a-1f \$	- 1 1f	703,030	8,141,734			
<u>ت =</u>	n	Total. Add lines	5 Id-II		0,141,734			
돌	 2a	Participant Fees Le	am	Business Code 624200	125,816	125,816		
Program Service Revenue	Ь	- Tardelpane Feed Ed		024200	123,010	125,010		
<u>د</u> ع	c							
er K	d		_					
S	e							
ogra	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f	•	125,816			
	3		ome (including dividendar amounts)		232,222			232,222
	4		stment of tax-exempt bond					
	5	Royalties	<u></u>	🔸				
		Cross rants	(I) Real 430,812	(II) Personal				
	6a	Gross rents	·					
	b	Less rental expenses	350,359					
	C	Rental income or (loss)	80,453					
	d	Net rental inco	me or (loss)	· · · · >	80,453	36,952	18,501	25,000
	7a	Gross amount from sales of assets other	(1) Securities 299,471	(II) O ther				
	ь	than inventory Less cost or						
	-	other basıs and sales expenses	67,546					
	С	Gain or (loss)	231,925					
	d Ra	Net gain or (los Gross income f			231,925			231,925
Other Revenue	J Ga	events (not inc						
er Re		See Part IV, Irr						
O E			penses b (loss) from fundraising	avents				
	c 9a		rom gaming activities	events •				
		See Part IV, Ir	ne 19					
	 h	Less directer	penses b					
	1		(loss) from gaming acti	vities				
	10a	Gross sales of	inventory, less	•				
		returns and allo	owances .	04.474				
	 h	Loss cost of a	a oods sold	84,171				
	b c	_	oods sold b (loss) from sales of inve	53,647 entory >	30,524	30,524		
		Miscellaneou		Business Code				
	11a	Miscellaneous	Revenue	900099	768	768		
	b							
	C	All other reven						
	d e	Total. Add lines		▶				
	12		See Instructions		768			
			SSC THIS HUCHOHS	•	8,843,442	194,060	18,501	489,147

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)

	Г				
	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 domestic organizations and domestic governments See Part IV, line 21	875,996	875,996		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,370,804	1,370,804		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	898,858	687,289	163,816	47,753
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	2,583,372	2,039,157	433,927	110,288
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	161,051	127,213	26,988	6,850
9	Other employee benefits	594,795	485,819	86,914	22,062
10	Payroll taxes				
		258,211	212,048	41,969	4,194
11	Fees for services (non-employees)				
a	Management				
b	Legal	12,000		12,000	
C	Accounting	50,950	110 210	50,950	
d	Lobbying	110,210	110,210		156.052
e f	Professional fundraising services See Part IV, line 17	156,852			156,852
	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A)				
g	amount, list line 11g expenses on Schedule O)	774,787	688,678	26,227	59,882
12	Advertising and promotion	44,533	40,783		3,750
13	Office expenses				
14	Information technology	8,686	8,148	538	
15	Royalties				
16	Occupancy	168,437	120,335	24,473	23,629
17 18	Payments of travel or entertainment expenses for any federal,	458,367	351,104	12,482	94,781
19	state, or local public officials				
20	Interest	76,390	61,219	7,719	7,452
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	189,811	119,097	35,977	34,737
23	Insurance	58,858	36,931	11,156	10,771
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Printing & Publications	385,307	336,618	411	48,278
b	Postage & Shipping	175,008	151,190	508	23,310
c	Supplies	25,999	18,625	2,807	4,567
d	Telephone	25,533	18,717	3,488	3,328
е	All other expenses	431,757	273,098	83,970	74,689
25	Total functional expenses. Add lines 1 through 24e	9,896,572	8,133,079	1,026,320	737,173
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ if following SOP 98-2 (ASC 958-720)	472,937	401,996	0	70,941
		1,2,557	.01,550	<u> </u>	orm 000 (2015)

Par	t X	Balance Sheet					rage LL	
		Check if Schedule O contains a response or note to any li	ne in th	ıs Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash-non-interest-bearing			949,616	1	1,065,445	
	2	Savings and temporary cash investments			5,741,968	2	5,075,683	
	3	Pledges and grants receivable, net			5,406,831	3	4,247,583	
	4	Accounts receivable, net			308,465	4	305,745	
	5	Loans and other receivables from current and former offi			,		,	
		key employees, and highest compensated employees C	omplet	e Part II of				
		Schedule L		_				
	_		(4-6		5		
Assets	6	Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958 contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see install of Schedule L	(c)(3)(E section	3), and 501(c)(9)				
						6		
	7	Notes and loans receivable, net			313,711	7	266,623	
	8	Inventories for sale or use			204 500	8	040.700	
	9	Prepaid expenses and deferred charges		· · · ·	231,583	9	213,780	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	7,945,722				
	ь	Less accumulated depreciation	10b	2,118,896	5,758,185	10c	5,826,826	
	11	Investments—publicly traded securities			8,770,888	11	8,697,534	
	12	Investments—other securities See Part IV, line 11 .			4,297,459	12	4,593,170	
	13	Investments—program-related See Part IV, line 11 .				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			119,079	15	119,218	
	16	Total assets.Add lines 1 through 15 (must equal line 34)		31,897,785	16	30,411,607	
	17	Accounts payable and accrued expenses			845,564	17	993,985	
	18	Grants payable	ants payable					
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities	2,847,838	20	2,760,313			
۲۵.	21	Escrow or custodial account liability Complete Part IV	of Sche	dule D		21		
bilities	22	Loans and other payables to current and former officers, key employees, highest compensated employees, and di						
ap		persons Complete Part II of Schedule L				22		
≔	23	Secured mortgages and notes payable to unrelated third	•			23		
	24	Unsecured notes and loans payable to unrelated third pa			125,000	24	125,000	
	25	Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D	to relat	ed third parties,				
					921,444	25	812,493	
	26	Total liabilities. Add lines 17 through 25			4,739,846	26	4,691,791	
S		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere 🟲	✓ and complete				
Ce		inles 27 Cillough 29, and inles 33 and 34.						
ılaı	27	Unrestricted net assets			12,921,654	27	12,754,130	
ă	28	Temporarily restricted net assets			9,222,291	28	7,931,561	
Ē	29	Permanently restricted net assets			5,013,994	29	5,034,125	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), c complete lines 30 through 34.	heck he	ere ▶				
ets	30	Capital stock or trust principal, or current funds				30		
155	31	Paid-in or capital surplus, or land, building or equipment	fund			31		
) té	32	Retained earnings, endowment, accumulated income, or	other fu	ınds		32		
ž	33	Total net assets or fund balances			27,157,939	33	25,719,816	
	34	Total liabilities and net assets/fund balances			31.897.785	34	30.411.607	

1 Accounting method used to prepare the Form 990

column (B))

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII

2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

a separate basis, consolidated basis, or both Separate basis Consolidated basis

b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Schedule O

Schedule O

basis, consolidated basis, or both

Separate basis

Single Audit Act and OMB Circular A-133?

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in

Consolidated basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed its method of accounting from a prior year or checked "Other," explain in

Both consolidated and separate basis

Cash ✓ Accrual COther

Both consolidated and separate basis

10

2b

2c

3a

3b

Yes

2a

Yes

25,719,816

No

Νo

Nο

Form 990 (2015)

Yes

Additional Data

Software ID:

Software Version:

EIN: 04-6186012

Name: Unitarian Universalist Service

Committee Inc

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

(Code) (Expenses \$ 713,773 including grants of \$ 13,925) (Revenue \$ 125,734) UU College of Social Justice The mission of the UUCSJ is to inspire and sustain faith-based justice action on issues of local, national and global importance, through a variety of experiential learning programs. In fiscal year 2016 our programs included service learning journeys to the Arizona/Mexico border with BorderLinks, Haiti with the Papaye Peasant Movement (MPP), Bellingham, WA with the Lummi Nation, and Nicaragua in partnership with Equal Exchange. This year's programs to the border included one designed for religious leaders and another tailored to a high school youth group In addition to our service learning programs, we provided two experiential justice education programs for high school youth, called Activate! In fiscal 2016, we ran week-long trainings in Boston and in New Orleans, with a total of 32 youth. We piloted a new justice training program for young adults this year (ages 19-34) focused on racial justice. Created in collaboration with the UUA's Thrive program, 31 young adults - over half of them young adults of color - came to New Orleans for an intensive exploration of how our denomination can respond to the current challenges and opportunities of racial justice. Our internships for college age young adults placed 12 interns with justice organizations in the US, Ghana and England, through the generosity of our donors we were able to support our interns with small stipends. We deepened their experience through a series of weekly vocational and spiritual reflections and supported them with chaplains drawn from our Program Leaders. We continued our skilled volunteer placements with UUSC partner RAICES in San Antonio, TX. We recruited, screened, placed and supported 24 volunteers with legal training and/or fluency in Spanish in three cadres, May through July, volunteers worked for one to five weeks. We were supported in this important work through home stays and transportation assistance by volunteers from the First UU Church of San Antonio All of our programs are supported by a justice learning framework, primarily the UUCSJ Study Guide for Cross-Cultural Engagement. They are generally led by our Program Leaders, who we support with a training and retreat each fall. Our current cadre of 21 Program Leaders includes 14 ministers, seminarians or Directors of Religious Education, 11 are people of color and 8 are fluent Spanish Speakers UUCSJ is structured as a program unit of the UUSC, jointly governed by the UUA and UUSC for the benefit of both organizations under the terms of a joint operating agreement

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) A verage hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization	
	organizations below dotted line)	individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	MISC)	MISC)	and related organizations	
Martha Easter-Wells Chair	1 00	х		×				0	0	0	
John Buehrens Vice-Chair	1 00	х		×				0	0	0	
Todd Hess Treasurer	1 00	x		×				0	0	0	
Danah Fisher Secretary	1 00	×		×				0	0	0	
Ebe Emmons Board Member	1 00	x						0	0	0	
Karenna Gore Board Member	1 00	×						0	0	0	

1 00

1 00

1 00

1 00

Х

Karen Kell Hartman

Board Member

Lyssa Jenkins

Board Member

Hope Johnson Board Member

Board Member

Ramanujachary Kumanduri

.....

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

33,891

28,597

32,512

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	m unles	ore t ss pe	han erso cer tor/t	not one n is and trus		an Forme	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
Brock Leach Board Member	1 00	×						0	0	0	
Zaynab Nawaz Board Member	1 00	×						0	0	0	
Karen Schneider Board Member	1 00	×						0	0	0	
Lachonne Walton Board Member	1 00	×						0	0	0	
William Schulz President & CEO	30 00			×				201,478	0	37,775	
Mack Davidson VP & CFO	35 00			×				23,003	0	0	

35 00

35 00

35 00

35 00

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Х

Х

Х

156,218

124,016

94,079

124,182

Constance Kane

VP & COO

Maxine Neil

VP & CDO

VP & CPO

Rachel Freed

Sushma Raman

VP & Chief Program Officer

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

(A) Name and Title	(B) A verage hours per week (list any hours for related	unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
		individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	organization and related organizations
Cassandra Ryan VP & CDO	35 00			×				110,198	0	35,521
Kathleen McTigue Director of UUCS3	35 00					х		127,868	0	37,111
Quang Nguyen Director of Human Resources	35 00					х		115,811	0	19,541
Paul Twitchell Jr Director of Communications	35 00					х		131,911	0	19,832
Pamela Sparr	35 00									

35 00

.

Ass Dir For Justice Building

Dir of Finance/Former Interim CFO

Carol Cahalane

102,553

116,507

17,860

10,486

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

DLN: 93493316010416 OMB No 1545-0047

Employer identification number

04-6186012

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public **Inspection**

Treasury Internal Revenue Service Name of the organization

Unitarian Universalist Service

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

described in section 170(h)(1)(A)(vi), (Complete Part II)

Department of the

Committee Inc

Part I

1

2 3 ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

8		A community trust des				•					
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30,1975 See section 509(a)(2). (Complete Part III)									
10		An organization organi	•	•	•	•					
11		one or more publicly s	upported orga	nizations described in	section 509(a	i)(1) or sectio	nctions of, or to carry o n 509(a)(2) See sectio id complete lines 11e, 1	n 509(a)(3). Check			
а	Г		n(s) the power	to regularly appoint o	r elect a major		organization(s), typical ctors or trustees of the				
b			pporting organ	nization vested in the s			ported organization(s), b r manage the supported				
c	Γ	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E.									
d	_						v, and E. n with its supported org	anization(s) that is			
-	ļ						rement and an attentiv				
		(see instructions) You						,			
e							t is a Type I, Type II, T	ype III functionally			
	•	ıntegrated, or Type III									
f	Enter	r the number of supporte	ed organızatıo	ns			<u></u>				
g		Provide the following ii	nformation ab	out the supported orga	ınızatıon(s)						
		I		· · · · ·			1 ,				
Nan		(i) upported organization	(ii)EIN	(iii)	(iv		(v) A mount of	(vi) A mount of other			
Nan	ie oi s	upported organization		Type of organization	Is the orga		monetary support	support (see			
				(described on lines	docum		(see instructions)	instructions)			
				1- 9 above (see	docum	CITC	(See mistractions)	mscractions,			
				ınstructions))							
						1					
					Yes	No					
								_			
Total											

1.021.613

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

Section	Α.	Public	Sup	port
---------	----	--------	-----	------

through 10

supported organization

12

	ection A. Fublic Support						
100	Calendar year fiscal year beginning in)	(a)2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	
(OI	Gifts, grants, contributions, and						
_	membership fees received (Do	7,535,549	7,167,089	11,648,469	10,459,122	8,141,734	44,951,963
	not include any unusual 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						
	to the organization without						
	charge						
4	Total. Add lines 1 through 3	7,535,549	7,167,089	11,648,469	10,459,122	8,141,734	44,951,963
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						5,186,188
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						39,765,775
	from line 4						
S	ection B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f) ⊤otal
(01	fiscal year beginning in) 🕨 📗			` '			
7	Amounts from line 4	7,535,549	7,167,089	11,648,469	10,459,122	8,141,734	44,951,963
8	Gross income from interest,						
	dividends, payments received on	243,308	207,139	247,583	220,047	257,222	1,175,299
	securities loans, rents, royalties	,		,	,	,	-,,
	and income from similar sources						
9	Net income from unrelated						
	business activities, whether or	74,154	49,458	22,854	33,184	18,501	198,151
	not the business is regularly						
	carried on Other income Do not include						
10	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
11	Total support. Add lines 7						
11	through 10						46,325,413

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

occuon	· ·	ompatation	U. .	abile	Support	 	 .ug	_

Gross receipts from related activities, etc. (see instructions)

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	85 840 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	81 460 %

16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Part III Support Schedule for Organizations Described in Section 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶	(-)	(-)	(0)_00	(-)	(-)	(1)
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit						
	to the organization without charge Total. Add lines 1 through 5						
6	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and						
	3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
٥	from line 6)						
Se	ction B. Total Support		•	•	•		•
	Calendar year						7.5.
(or f	iscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
b	and income from similar sources Unrelated business taxable						
U	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
C	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c, 11, and 12)						
L4	First five years.If the Form 990 is	cor the organizati	n's first, second	, third, fourth, or	I fifth tax vear as a	section 501(c)(3) organization
	check this box and stop here		,	,,,	,		▶ □
Se	ction C. Computation of Pub	lic Support P	ercentage				-
15	Public support percentage for 2015			13 column (f))		45	
		•		15, column (1))		15	
L6	Public support percentage from 20		<u> </u>			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
L9a	33 1/3% support tests—2015.If the				l line 15 is more t		nd line 17 is not
-	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014.If the	•				-	•
_	18 is not more than 33 1/3%, check	-					
20	Private foundation If the organizat						

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V, D

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4 a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?	4b		
_	If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under	15		
C	organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_	A 3.5% controlled entity of a person described in (a) or (b) above 2.16 "Vee" to a bioric provide detail in Part VI	116		1

each of the supported organizations? Provide details in Part VI

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Par	t IV Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
	estion F. Tune III Functionally Internated Companies Operations			
	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b 1c		
C	Fair market value of other non-exempt-use assets	1d		
d	Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors	Id		
e	(explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
;	Distributable A mount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Part V Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec			
6 Other distributions (describe in Part VI) See instru	ictions		
· · · · · · · · · · · · · · · · · · ·	20010115		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		T	T
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>c</u>			
d From 2013			
e From 2014			
f Total of lines 3a through e g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) /2 0 1 F

DLN: 93493316010416

Employer identification number

04-6186012

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

Political expenditures

Volunteer hours

Unitarian Universalist Service

Committee Inc

Part I-A

1

2

3

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.

▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

<u>www.irs.gov/form990</u>.

2015
Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

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

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

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

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

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

Par	t I-B Complete if the or	ganization is exempt under s	section 501(c)(3).	
1	Enter the amount of any excis	e tax incurred by the organization und	er section 4955	•	\$
2	Enter the amount of any excis	e tax incurred by organization manage	ers under section	4955 ▶	\$
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				·
Par	t I-C Complete if the or	ganization is exempt under s	section 501(c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for sec	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to oth	ner organizations	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 1120)-POL, line 17b ►	\$
4	Did the filing organization file F	form 1120-POL for this year?			Yes No
5	organization made payments amount of political contributio	nd employer identification number (EI For each organization listed, enter the ns received that were promptly and di political action committee (PAC) If a	e amount paid from rectly delivered t	m the filing organization's f to a separate political orga	unds Also enter the nization, such as a
	(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-
2					
3					
4					
5					
6					
For F	Paperwork Reduction Act Notice, s	ee the instructions for Form 990 or 990	- EZ. C:	at No 50084S Schedule C (I	Form 990 or 990-EZ) 2015

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

151,993

Schedule C (Form 990 or 990-EZ) 2015

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

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

N,

A	Check If the filing organization belongs texpenses, and share of excess lo	o an affiliated group (and list in Part IV each affiliato obying expenditures)	ed group member's nam	e, address, EIN
В	Check ▶ ☐ If the filing organization checked	box A and "limited control" provisions apply		
		oying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public lobbying)	opinion (grass roots	48,854	
b	Total lobbying expenditures to influence a legi	61,356		
c	Total lobbying expenditures (add lines 1a and	1b)	110,210	
d	Other exempt purpose expenditures	9,049,189		
e	Total exempt purpose expenditures (add lines	1c and 1d)	9,159,399	
f	Lobbying nontaxable amount Enter the amoun	t from the following table in both columns	607,970	
	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		

4-Year Averaging Period Under section 501(h)		
Yes	[—] No	
If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		
Subtract line 1f from line 1c If zero or less, enter -0-	0	i

	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)							
	Lobbying Expe	nditures During 4	1-Year Avera	ging Period	·			
	Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d)2015	(e) Total		
2a	Lobbying nontaxable amount	468,015	494,505	565,075	607,970	2,135,565		
b	Lobbying ceiling amount					2 202 246		

j	If there is an amount other than zero on either line reporting section 4911 tax for this year?	1h or line 1i, did the o	_	Form 4720		
	4-Year Ave (Some organizations that made a se columns below. See the	. ,	ction do not	havè to com		e five
	Lobbying Expen	ditures During 4	-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014	(d) 2015	(e) ⊤otal
2a	Lobbying nontaxable amount	468,015	494,505	565,075	607,970	2,135,565
b	Lobbying ceiling amount (150% of line 2a, column(e))					3,203,348
С	Total lobbying expenditures	75,068	384,205	112,075	110,210	681,558

Return Reference

	filed Form 5768 (election under section 501(h)).				/ b>
or e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)
ctiv	rivity		No	An	nount
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	Yes			
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	Other activities?				
j	Total Add lines 1c through 1i				
а	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?				
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6).	01 (c)(5), c	or sec	ction
			_		Yes N
L	Were substantially all (90% or more) dues received nondeductible by members?		_	1	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
3					
3	Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."				III-A,
ar	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "				III-A,
ar 1	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."	No" C			III-A
ar 1	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	1 2a			III-A
a L 2	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	No" C			III-A
ar L a b	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	1 2a 2b 2c			III-A
ar 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	1 2a 2b			111-A,
1 2 a	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	2a 2b 2c 3			111-A,
3 Par 1 2 a b c	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	1 2a 2b 2c			III-A,

Explanation

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

DLN: 93493316010416

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

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

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

Open to Public Inspection

	ame of the organization ntanan Universalist Service			Emple	oyer identifica	tion numbe	er
	mmittee Inc				186012		
P	Organizations Maintaining Donor			ids o	r Accounts	•	
	Complete if the organization answere	(a) Donor advised funds	iile o.	(6)	unds and othe	raccounte	
1	Total number at end of year	(a) Donor advised funds		(0)	unus and othe	i accounts	·
2	Aggregate value of contributions to (during						
3	year) Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor a funds are the organization's property, subject to be			advıs	ed	┌ Yes	┌ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	2 2			purpose	┌ Yes	☐ No
Pa	rt III Conservation Easements. Comple	ete if the organization answered	"Yes" on	Form	1 990, Part I\	/, line 7.	
1	Purpose(s) of conservation easements held by th	e organization (check all that apply)					
	Preservation of land for public use (e g , recreducation)		ition of an h	nıstorı	cally importan	t land area	ı
	Protection of natural habitat	Preserva	ition of a ce	ertifie	d historic struc	ture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conservation contrib	ution in the	e form	of a conservat	ion	
					Held at the	End of the	e Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easeme	ents		2b			
c	Number of conservation easements on a certified	historic structure included in (a)		2 c			
d	Number of conservation easements included in (o historic structure listed in the National Register	c) acquired after 8/17/06, and not or	n a	2d			
3	Number of conservation easements modified, trai	nsferred, released, extinguished, or t	erminated	by the	e organization (during the	
	tax year ▶						
4	Number of states where property subject to cons	ervation easement is located >		_			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		tion, handlı	ng of	□ Y	es N	o
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, an	d enforcing	j cons	ervation easer	ments durii	ng the
	>						
7	A mount of expenses incurred in monitoring, insperior to the second of t	ecting, handling of violations, and enf	forcing con	serva	tion easement	s during th	e year
8	Does each conservation easement reported on li (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requiremen	nts of section	on 17	0(h)(4)	es □N	0
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's $% \left(1\right) =\left(1\right) \left(1\right) \left$					
Pa	rt III Organizations Maintaining Collect Complete if the organization answere			Oth	er Similar <i>i</i>	Assets.	
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footi	FAS 116 (ASC 958), not to report in assets held for public exhibition, editions	its revenu- ucation, or	resea	rch in furthera		
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, ed					lıc
	(i) Revenue included on Form 990, Part VIII, line	L	>	· \$			

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ _

Par	t III	Organizations Maintaining (continued)	Collections of	Art, Historical	Treasures, or	Other Similar A	ssets
3		; the organization's acquisition, acc ction items (check all that apply)	ession, and other re	cords, check any	of the following tha	t are a significant us	e of its
а		Public exhibition		d ┌ ∟c	oan or exchange pr	ograms	
b	Γ	Scholarly research		e	ther		
c		Preservation for future generations					
4	Provi Part)	de a description of the organizatior KIII	s collections and ex	oplain how they fur	ther the organizati	on's exempt purpose	: In
5		g the year, did the organization soles to be sold to raise funds rather t					s No
Pai	rt IV	Escrow and Custodial Arra Complete if the organization Part X, line 21.		n Form 990, Pai	rt IV, line 9, or r	eported an amour	nt on Form 990,
1a		e organization an agent, trustee, cu ded on Form 990, Part X?	stodian or other inte	rmediary for contr	ubutions or other a	ssets not	s No
b	If'	'Yes," explain the arrangement in F	Part XIII and comple	te the following ta	hle	Am	ount
c		ginning balance	are XIII and comple	te the following to	1	ıc	
d		ditions during the year			<u> </u>	ld .	
e		stributions during the year			<u> </u>	le	
f		ding balance			<u> </u>	lf	
2 a		ne organization include an amount o	on Form 990. Part X.	. line 21. for escro	— w or custodial acc	ount liability? 🗆 🗸	s
				, 22, 303.0		Ye	5 140
b	If"Y€	es," explain the arrangement in Par	t XIII Check here ıf	the explanation h	as been provided i	n Part XIII	🗆
Pa	rt V	Endowment Funds. Comple					
			(a)Current year	(b)Pnor year	b (c) Two years back	(d)Three years back	(e)Four years back
1 a	Begir	nning of year balance	12,188,326	11,281,318	10,499,666		10,719,232
b	Conti	ributions	821,152	1,958,663	975,62	678,115	330,707
с	Net II losse	nvestment earnings, gains, and	286,426	291,125	1,669,71	1,215,342	-11,727
d	Grant	ts or scholarships					
e		r expenditures for facilities rograms	1,252,498	1,267,921	1,799,82	1,078,219	1,243,580
f	A dmı	nistrative expenses	72,848	74,859	63,86	56,136	54,068
g	End o	of year balance	11,970,558	12,188,326	11,281,31	10,499,666	9,740,564
2	Provi	de the estimated percentage of the	current vear end ba	lance (line 1a, col	umn (a)) held as		
а		i designated or guasi-endowment		(– 5,	(,,		
b		anent endowment ► 42 060 %					
c		orarily restricted endowment >	2 190 %				
Ĭ		percentages on lines 2a, 2b, and 2c					
За		here endowment funds not in the po lization by	ssession of the orga	inization that are h	neld and administe	red for the	Yes No
	-	related organizations				3	a(i) No
	(ii) re	elated organizations				38	n(ii) No
b		es" on 3a(II), are the related organi					3b
4		ribe in Part XIII the intended uses		endowment funds			
Pa	rt VI	Land, Buildings, and Equip Complete if the organization		Form 990 Dart	IV line 11a So	9 Form 990 Dart \	(line 10
		Description of property	aliswered res to	(a) Cost or other (investme	basis Cost or other	Accumulated	(d)Book value
1 a	Land				970),001	970,001
b	Buildin	ıgs			6,043	3,663 1,708,33	4,335,331
c	Leasel	nold improvements					
d	Еашря	nent			83.	605 410.50	54 421.041

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

100,453

5,826,826

100,453

See Form 990, Part X, line 12.			
(a) Description of security or cate (including name of security)	egory	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives (2)Closely-held equity interests			
(3)Other (A) Government Issued Securities		2,180,624	F
			F
(B) Corporate Bonds		2,098,158	·
(C) Assets Related to Pooled Funds		314,388	<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 1	2)	4,593,170	
Part VIII Investments—Program Relate	d.		
Complete if the organization answ (a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market valu
Part IX Other Assets. Complete if the organ		orm 990, Part IV, line 11	Ld See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organ	ızatıon answered 'Yes' on Fo	orm 990, Part IV, line 11	
Part IX Other Assets. Complete if the organ	ızatıon answered 'Yes' on Fo	orm 990, Part IV, line 13	
Part IX Other Assets. Complete if the organ	ızatıon answered 'Yes' on Fo	orm 990, Part IV, line 13	
Part IX Other Assets. Complete if the organ	ızatıon answered 'Yes' on Fo	orm 990, Part IV, line 13	
Part IX Other Assets. Complete if the organ (a) [Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the organ (a) [Ization answered 'Yes' on Forest Property of Forest Property of Forest Property of Propert		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25.	Ization answered 'Yes' on Forest Property of Forest Property of Forest Property of Propert		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability	Ization answered 'Yes' on Forest Paragraphics Inne 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	line 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	Ization answered 'Yes' on Forest Paragraphics Inne 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Gift Annuities Payable	line 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Gift Annuities Payable Liabilities Under Trust Agreement	line 15) organization answered (b) Book value		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Gift Annuities Payable Liabilities Under Trust Agreement	line 15) organization answered (b) Book value 712,88		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Gift Annuities Payable Liabilities Under Trust Agreement	line 15) organization answered (b) Book value 712,88		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Gift Annuities Payable	line 15) organization answered (b) Book value 712,88		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Gift Annuities Payable Liabilities Under Trust Agreement	line 15) organization answered (b) Book value 712,88		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Gift Annuities Payable Liabilities Under Trust Agreement	line 15) organization answered (b) Book value 712,88		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. Complete if the See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Gift Annuities Payable Liabilities Under Trust Agreement	line 15) organization answered (b) Book value 712,88		(b) Book value

Schedule D (Form 990) 2015

1	Total revenue, gains, and ot	her support per audited financial statements	1	8,808,808
2	A mounts included on line 1	but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses	s) on investments 2a -229,897		
b	Donated services and use o	f facilities	1	
c	Recoveries of prior year grai	nts	1	
d	Other (Describe in Part XIII	[)		
e	Add lines 2a through 2d .		2e	-34,634
3	Subtract line 2e from line 1		3	8,843,442
4	A mounts included on Form 9	990, Part VIII, line 12, but not on line 1		
а	Investment expenses not in	cluded on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII	[) 4b]	
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 12)	5	8,843,442
Par		Expenses per Audited Financial Statements With Expense	es per Re	turn.
		anization answered 'Yes' on Form 990, Part IV, line 12a.	T . T	40.246.024
1	'	per audited financial statements	1	10,246,931
2		but not on Form 990, Part IX, line 25		
а		f facilities	-	
Ь	· -		-	
c			-	
d	•	[)	-	
е	Add lines 2a through 2d .		2e	350,359
3	Subtract line 2e from line 1		3	9,896,572
4		990, Part IX, line 25, but not on line 1:		
а	'	cluded on Form 990, Part VIII, line 7b 4a		
b		[)		
С			4c	0
5	Total expenses Add lines 3	and 4c. (This must equal Form 990, Part I, line 18)	5	9,896,572
Dar	XIII Supplemental I	nformation		
			- 1	
		or Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2 KI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part i		nv additional
	mation	,		
	Return Reference	Explanation		
Part)	(, Line 2	UUSC accounts for the effect of any uncertain tax positions based on a	"more likel	/ than not"
	•	threshold to the recognition of the tax positions being sustained based	on the tech	nical merits of the
		position under scrutiny by the applicable taxing authority. If a tax positions with a unreadeness of these positions, the unreadeness of the services of the s		
		result in uncertainties of those positions, the unrecognized tax benefit i "cumulative probability assessment" that aggregates the estimated tax		
		positions UUSC has identified its tax status as a tax exempt entity and		
		income is related and unrelated as its only significant tax positions and		
		positions do not result in uncertainty requiring recognition. UUSC is no by any taxing jurisdiction. UUSC's Federal and state income tax returns		

examination for three years after the date of filing, including extensions

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

	Page 5
ormation (continued)	
Explanation	
Rental expense 350,359	
	Explanation Rental expense 350,359

efile GRAPHIC print - DO NOT	PROCESS	As Filed Dat	ta -	DLN:	DLN: 93493316010416		
SCHEDULE F Stat	ement of	Activities C	ed States	OMB No 1545-0047			
Department of the Treasury	·	Part IV, line : ► Attach to	n answered "Yes" to Form 14b, 15, or 16. o Form 990. nd its instructions is at wi	·	2015 Open to Public Inspection		
Name of the organization Unitarian Universalist Service Committee Inc				Employer ider 04-6186012	tification number		
Part I General Informatio Complete if the organ				14b.			
 For grantmakers. Does the cand other assistance, the grants or a used to award the grants or a For grantmakers. Describe it assistance outside the United Activites per Region (The follows) 	antees' eligibil assistance? In Part V the or d States	ity for the grar ganization's p	nts or assistance, and	the selection criteria	√ Yes No nts and other		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 program service, describe specific type of service(s) in region	a (f) Total expenditures for and investments in region		
(1) See Add'l Data		region	regiony				
(2)							
(3)							
(4)							
(5)							
Sub-total Total from continuation sheets to Part I	0	_			1,370,804		
c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see	0 the Instructions			No 50082W Sche	1,370,804 dule F (Form 990) 2015		

Dart II	Grants and Other Assistance to Organizations or Entities Outside the United States.
	grants and other Assistance to organizations of Entitles outside the officed states.

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(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)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

54

Enter total number of other organizations or entities

U

	ther Assistance duplicated if addit			ed States. Complete	if the organization a	nswered "Yes" to Form	990, Part IV, line 16.
(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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(42)				

(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
			Schedu	lle F (Form 990) 2015

(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				,
(17)				
(18)				
			Schedu	ıle F (Form 990) 2015

5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

Yes ▼ No

Old 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, do not file with Form 990)

Yes **▼** No

Part V Supplemental Information

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

990 Schedule F. Supplemental Information

Return Reference	Explanation						
Part I, Line 2	Activities for each grant are outlined in the proposal form and are mutually agreed upon by UUSC and the partner organization. The goals of the project must be in line with UUSC's mission and vision and the partner organization must comply with Department of Treasury regulations. Once the grant is awarded, the progress of goals and activities is monitored using a results based monitoring and evaluation system that includes the following methods metrics systems, whole measure rating scale, complex adaptive systems, systems thinking, observation and ethnographic story lines. These methods are implemented through a variety of ways such as site visits, regular phone calls, focus group meetings, written reports, and financial reports. A written midterm report is requested as well as a financial report. Upon completion of the project, a final written narrative and financial report is requested that analyzes the success and challenges of the project based on the goals and activities outlined in the proposal.						

990 Schedule F, Supplemental Information

Return Reference Explanation

Schedule F, Part II, Line

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

Additional Data

North America

South America

Software ID: Software Version:

EIN: 04-6186012

Name: Unitarian Universalist Service

146,500

80,000

Committee Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	. , , ,	(f) Total expenditures for region
East Asia and the Pacific	0	0	Grants to Recipients Located in the Region		114,400

Grants to Recipients

Grants to Recipients

Located in the Region

Located in the Region

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, service, describe agents in region specific type of service region program services, grants to recipients (s) in region located in the region) 261,700

Located in the Region

Located in the Region

Grants to Recipients

265,000

229,354

South Asia	0		Grants to Recipients Located in the Region	
Sub-Saharan Africa	0	0	Grants to Recipients	

Form 990 Schedule F Part I - Activities Outside The United States

Central America and the

Caribbean

(a) Region (b) Number of (c) Number of (e) If activity listed in (f) Total expenditures (d) Activities offices in the employees or conducted in region (by (d) is a program for region type) (i.e., fundraising, agents in service, describe region specific type of service region program services. grants to recipients (s) in region

Grants to Recipients

Located in the Region

50,000

		located in the region)	
Europe (Including Iceland & Greenland)	0	Grants to Recipients Located in the Region	223,850

Form 990 Schedule F Part I - Activities Outside The United States

Middle East and North

Africa

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Central America and lHumanıtarıan 25.000 Wire Transfer the Caribbean Assistance

	Central America and	Humanıtarıan	9,000	Wire Transfer		
	the Caribbean	Assistance				1
	Central America and	Humanitarian	8 144	Wire Transfer		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Ithe Caribbean

lthe Caribbean

Central America and

Assistance

Assistance

Humanitarian

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash disbursement (book, FMV, organization cash grant assistance assistance applicable) appraisal, other) Central America and lHumanıtarıan 69.810 Wire Transfer lthe Caribbean Assistance

2.500 Wire Transfer

	l	Humanitarian Assistance	23,200	Wire Transfer		
	Central America and	Humanitarian	14,200	Wire Transfer		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Ithe Caribbean

lthe Caribbean

Central America and

Assistance

Assistance

Humanitarian

(I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash disbursement (book, FMV, organization cash grant assistance assistance applicable) appraisal, other) Central America and lHumanıtarıan 2.500 Wire Transfer Ithe Caribbean Assistance

						·
	East Asia and the Pacific	Humanitarian Assistance	23,000	Wire Transfer		
	East Asia and the	Humanitarian	22,000	Wire Transfer		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Assistance

Assistance

Humanitarian

l Pacific

lP acıfic

East Asia and the

(b) IRS code

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) East Asia and the lHumanıtarıan 6,400 Wire Transfer

76,500 Wire Transfer

	Pacıfic	Assistance				
	lp 6	Humanitarian Assistance	6,000	Wire Transfer		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

East Asia and the

North America

Pacific

Humanitarian

lHumanitarian Assistance

Assistance

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) North America lHumanıtarıan 20.000 Wire Transfer Assistance

	North America	Humanitarian Assistance	20,000	WIRE Transfer		
	North America	Humanitarian	15,000	Wire Transfer		

Form 990 Schedule F Part II - Grants or Entities Outside The United States

North America

Assistance

lHumanıtarıan Assistance

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) South America lHumanıtarıan 10.000 Wire Transfer Assistance 40.000 Wire Transfer ımanıtarıan

10,000 Wire Transfer

	South America	Humanıtarıan
		Assistance
	South America	Humanıtarıan

South America

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Assistance

lHumanıtarıan Assistance

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) South Asia lHumanıtarıan 25.000 Wire Transfer Assistance

	South Asia	Humanitarian Assistance	16,000	Wire Transfer		
	South Asia	Humanitarian	54,350	Wire Transfer		

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States

lAssistance

lHumanitarian Assistance

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) South Asia lHumanıtarıan 29.000 WIre Transfer Assistance

	South Asia	Humanitarian Assistance	20,000	WIre Transfer		
	South Asia	Humanıtarıan	20,000	Wire Transfer		

lHumanitarian Assistance

ISouth Asia IHumanitarian Assistance

South Asia

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(b) IRS code (I) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) South Asia lHumanıtarıan 17,500 Wire Transfer A ccictance

30,000 Wire Transfer

		Assistance				1
	South Asia	Humanıtarıan	9,850	Wire Transfer		
		Assistance				

Humanitarian Assistance

Humanitarian Assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States

South Asia

Sub-Saharan Africa

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa lHumanıtarıan 20.000 Wire Transfer Assistance Sub-Saharan Africa 20.000 Wire Transfer lHumanıtarıan Assistance

40,000 Wire Transfer

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan Africa

Sub-Saharan Africa

lHumanıtarıan Assistance

lHumanıtarıan Assistance

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant non-cash cash and EIN(if cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa lHumanıtarıan 40.000 Wire Transfer Assistance Sub-Saharan Africa 30.000 Wire Transfer lHumanıtarıan Assistance

20,000 Wire Transfer

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Sub-Saharan Africa

Sub-Saharan Africa

lHumanıtarıan Assistance

lHumanıtarıan Assistance

(b) IRS code (i) Method of (a) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of section valuation (c) Region (d) Purpose of grant cash non-cash and EIN(ıf cash grant cash disbursement (book, FMV, organization assistance assistance applicable) appraisal, other) Sub-Saharan Africa Humanıtarıan 25.000 Wire Transfer Assistance Europe (Including 30,000 Wire Transfer Humanıtarıan Iceland & Greenland) | Assistance Europe (Including 25.000 Wire Transfer lHumanıtarıan

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe (Including

Iceland & Greenland) | Assistance

Iceland & Greenland) | Assistance

Humanitarian

(b) IRS code (i) Method of (g) A mount of non-(h) Description of (a) Name of (e) A mount of (f) Manner of valuation section (c) Region (d) Purpose of grant cash non-cash cash grant cash disbursement (book, FMV, organization and EIN(ıf assistance assistance applicable) appraisal, other) Europe (Including lHumanıtarıan 79.950 Wire Transfer Iceland & Greenland) | Assistance Europe (Including 25,000 Wire Transfer Humanitarian Iceland & Greenland) |Assistance Europe (Including 25,000 Wire Transfer Humanitarian

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Europe (Including

II celand & Greenland) | Assistance

Iceland & Greenland) | Assistance

lHumanıtarıan

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

					·
	Middle East and	Humanitarian	25,000	Wire Transfer	
	North Africa	Assistance			l

lHumanitarian

Assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States

Middle East and

North Africa

DLN: 93493316010416

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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

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

OMB No 1545-0047

Open to Public . Inspection

Internal Revenue Service Name of the organization **Employer identification number** Unitarian Universalist Service Committee Inc 04-6186012

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply ✓ Mail solicitations ∇ Solicitation of non-government grants ▼ Internet and email solicitations Solicitation of government grants ▼ Phone solicitations Special fundraising events 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 ✓Yes No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
Integrated Direct Marketing 1250 Connecticut Ave NW Ste 200	Donor Marketing		No	1,783,590	101,170	1,682,420
Washington, DC 20036	Phone Solicitation					
Public Interest Communications 7700 Leesburg Pike Suite 301 Falls Church, VA 22043			No	118,007	41,588	76,419
3 SD&A Teleservices Inc 5757 W Century Blvd Suite 300	Phone Solicitation		No	9,854	14,093	-4,239
Los Angeles, CA 90045						
•						
5						
6						
7						
8						
9						
10						
Total	1	l	>	1,911,451	156,851	1,754,600

3 List all states in which the organization is registered or licensed to solicit contributions 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,

Pa	rt II Fundraising Events. Complete if the organization fundraising event contribution receipts greater than \$5,000.	ns and gross income			
		(a) Event #1	(b) Event #2	(c)O ther events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
rkie					
Reverkie	1 Gross receipts				
ŭ	2 Less Contributions				
	Gross income (line 1 minus line 2)				
	4 Cash prizes				
	5 Noncash prizes				
Se	6 Rent/facility costs				
Expenses	7 Food and beverages				
찣	8 Entertainment				
Direct	9 Other direct expenses				
۵	10 Direct expense summary Add lines 4	through 9 in column (d)		
Do.	11 Net income summary Subtract line 1 till Gaming.	0 from line 3, column (d)	<u> ▶</u>	
<u> </u>	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
nses	2 Cash prizes				
A P	3 Noncash prizes				
Direct E	4 Rent/facility costs				
	5 Other direct expenses				
		Yes %	├ Yes%	Yes %	
	6 Volunteerlabor	☐ No	☐ No	☐ No	
	7 Direct expense summary Add lines 2	through 5 in column (d)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, co	lumn (d)		
9 a	Enter the state(s) in which the organizat		•		Yes No
b	If "No," explain	-			
10a b	Were any of the organization's gaming li	censes revoked, suspe			Yes No
_					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316010416 OMB No 1545-0047 Schedule I Grants and Other Assistance to Organizations, (Form 990) 2015 Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization Employer identification number Unitarian Universalist Service 04-6186012 Committee Inc 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient Part II that received more than \$5,000 Part II can be duplicated if additional space is needed (d) A mount of cash (a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance or government (book, FMV, assistance appraisal, other) See Additional Data Table

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

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

Cat No 50055P

Schedule I (Form 990) 2015

31

Additional Data

Software ID: **Software Version:**

EIN: 04-6186012

Name: Unitarian Universalist Service Committee Inc

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.									
(a) Name and address of organization or government	(b) EIN	(c) IRC 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		
Food Chain Worker's Alliance 1730 W Olympic Blvd 300 Los Angeles,CA 90015	90-0728464	501(c)(3)	20,000				To deepen & broaden Good Food Purchasing Policy Campaign		
Michigan Unitarian Universalist Social Justice Network 4220 Arlington Drive Royal Oak,MI 48073	46-2871970	501(c)(3)	7,500				To Support the Water Justice Campaign in Michigan as a Human Right		
Northwest Arkansas Workers' Justice Center 210 S Thompson Street Suite 4A Springdale, AR 72764	20-3709967	501(c)(3)	26,000				Advancing the Rights of Poultry Workers in Arkansas		

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Refugee and Immigrant 74-2436920 501(c)(3) 30,816 Protecting Mothers & Center for Education & Legal Children by Ending Services Detentions 120E N Flores Ctreet

(e) Amount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

implement solutions

sanitation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(d) A mount of cash

(c) IRC section

(a) Name and address of

Enterprise PO Box 241504

Montgomery, AL 36124

(b) EIN

San Antonio, TX 78212					
Trauma Resource Institute PO Box 1891 Claremont, CA 91711	20-2420669	501(c)(3)	124,384		Trauma recovery & resiliency in diverse communities in Nepal
Alabama Center for Rural	20-1283385	501(c)(3)	25.000		Project to assist comm

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Arab American Civic Council 45-3309117 501(c)(3) 25.000 To support resettlement of Syrian PO Box 9172 Anaheim, CA 92812 Refugees in S California Center for Neighborhood 46-2284158 501(c)(3) 15,000 Trans Queer Migrant Leadership Inc Defense Project

816 N1st Avenue Phoenix, AZ 85003 Provide public

Central United Methodist 38-1360531 501(c)(3) 7,500 Church leducation awerness to support Water Justice

23 Fast Adams Avenue Detriot, MI 48226

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Campaign & prevention of mass water shut offs

lin Detroit

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or aovernment assistance other) 80-0875881 501(c)(3) 20,000 Create National hotline Community Initiatives for Visiting Immigrants in for immigrants in US Confinement detention to end PO Box 40677 Isolation e fundina to

Earthquake Nepal

San Francisco, CA 94140					
Edmonds Unitarian Universalist Church 8109 224th Street SW Edmonds, WA 98026	23-7262417	501(c)(3)	3,500		Provide fi Northwes Justice B
Empawar Canaratian	45 2610072	E01/a)/2)	22.000		Diatohut

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

est UUJN exp Building Innov Distribution of Solar Empower Generation 45-26108/2 501(c)(3) 22,000 7455 SW Montclaire Drive light in Dalit to Women Portland, OR 97225 displaced by

(a) Name and address of **(b)** EIN (e) Amount of non- (f) Method of valuation (h) Purpose of grant (c) IRC section (d) A mount of cash (g) Description of organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Exodus Refugee Immigration 35-1900090 501(c)(3) 25,000 To Address unique needs of Syrian Inc 1125 E Brrokside Ave Suite Refugees & Support C 9 Integrating into their Indianapolis, IN 46202 lnew community Foundation Cristosal INC 03-0366224 501(c)(3) 25,000 Expanding Pilot Program for protection

9641 Carousel Center Dr. Syracuse, NY 13204 International Council of 91-1821773 501(c)(3) 15,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

10706

of victims of forced dispacement by Violence in El Salvador Support to Women, Unitarians and Universalists Children & Church 69 Amherst Drive Memb victims of Hastings on Hudson, NY Violence in Burundi

organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Kino Border Initiative Inc. 53-0196617 501(c)(3) 10,000 Documenting Local PO Box 159 Human Rights Abuses Nogales, AZ 85628 lın Sonora Massachusetts Immigrant and 22-3115048 501(c)(3) 20,000 Syrian refugee relief

(e) A mount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

Refugee Advocacy Coalition Inc 105 Chauncy Street Suite 901 Boston, MA 02111 MidAmerica Region of the 46-2891252 501(c)(3) 12,000

(d) A mount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

Roseville, MN 55113

(b) EIN

Provide funding UUAN Unitarian Universalist support organizing with Association Justice Building 2355 Fairview Avenue N312

(a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant (c) IRC section organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Minnesota Unitarian 42-1734371 501(c)(3) 6,000 Support a Justice & Universalist Social Justice Religious Leadership Alliance Intern expand outreach 900 Mt Curve Ave rt national home vorker hotline

Minneapolis, MN 55403					
National Domestic Workers Alliance 395 Hudson Street 4th Floor New York, NY 10014	35-2420942	501(c)(3)	25,000		Support care wor ''Know yo
Partners in Health 888 Commonwealth Avenue	04-3567507	501(c)(3)	40,870		Provide o support t

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

your Right" le ongoing rt to Koıdu 3rd Floor Hospital & Wellbody Boston, MA 02215 Clinic Investing in Infection Prevention

Control

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (h) Purpose of grant (g) Description of organization ıf applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 61-1718871 501(c)(3) 10,000 Rural Community Workers' Economic justice for Allianco rural workers

& Provide General Org

Support

60731 Highway M					lulai wo
Milan, MO 63556					
TecsChange 121 Tremont Street 311	04-3438519	501(c)(3)	25,000		Color of

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Justice Ministry PO Box 1621

Austin, TX 78768

of Water Project Brighton, MA 02136 Texas Unitarian Universalist 46-3560205 501(c)(3) 000,8 Immigration Advocacy

organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) The Center for Human Rights 47-3973062 501(c)(3) 20,000 Right to Water & the Environmental initiative Protecting Incorporated Glaciers & Containing ng

(e) Amount of non- (f) Method of valuation

(g) Description of

(h) Purpose of grant

1055 Vintner Blvd Palm Beach Gardens, FL 33410					Fracking
The Environmental Justice	20-2539559	501(c)(3)	60,000		Support

(d) A mount of cash

Coalition for Wate

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

(b) EIN

rt California Human Right to Water

Heban Instinct Contact	12 2442022	F01/a)/2)	15.000		Cuppert Street Vander
Sacramenton, CA 95818					Implementation
519 12th Street					and Sanitation

Urban Justice Center 13-3442022 501(c)(3) 15,000

Support Street Vendor 40 Rector Street 9th Floor Projects "Lift the Caps"

New York, NY 10006

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) US Human Rights Network 20-2404443 501(c)(3) 35,000 Project Support to 250 Georgia Avenue Suite ladvance the Human 330 Right to Water in USA Atlanta GA 30312

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

Meadville Lombard

610 S Michigan Ave

Chicago, IL 60605

Theological

36-6078270

Milanta, ON 30312					
US Together Inc 2021 E Dublin Grancille Rd Suite 190 Columbus, OH 43229	83-0395108	501(c)(3)	25,000		Support Economic Integration of Syrian Refugees in Toledo, O hio

50% of proceeds to

support increase of

courses

150,000

(a) Name and address of (e) A mount of non- (f) Method of valuation (h) Purpose of grant **(b)** EIN (c) IRC section (d) A mount of cash (a) Description of organization if applicable cash (book, FMV, appraisal, non-cash assistance arant orassistance or aovernment assistance other)

UUA/Syrian Refugees

UUA	04-2103733	501(c)(3)	10,000		Interchurch Aıd
24 Farnsworth Street					Hungary via

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Boston, MA 021101409

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Schedule J (Form 990)

Department of the

Compensation Information

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

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

▶ Attach to Form 990.

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

DLN: 93493316010416 OMB No 1545-0047

Open to Public

nterr	al Revenue Service				ile ir	20110	П
Na	me of the organization			Employer identificati	on nun	nber	
	arian Universalist Service nmittee Inc			04-6186012			
Pa	rt I Questions Regarding Compensation		l	0+ 0100012			
						Yes	No
1 a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Г	Housing allowance or residence for	personal use			
	Travel for companions	Γ	Payments for business use of pers	onal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initial	ion fees			
	Discretionary spending account	Г	Personal services (e g , maid, chau	ffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organ reimbursement or provision of all of the expenses descr				1b		
2	Did the organization require substantiation prior to reim directors, trustees, officers, including the CEO/Executive				2		
3	Indicate which, if any, of the following the filing organiza organization's CEO/Executive Director Check all that a used by a related organization to establish compensation	apply	Do not check any boxes for method	ds			
	▼ Compensation committee	~	Written employment contract				
	✓ Independent compensation consultant	~	Compensation survey or study				
	Form 990 of other organizations	~	Approval by the board or compensa	ation committee			
4	During the year, did any person listed on Form 990, Par or a related organization	t VII	, Section A , line 1a with respect to t	the filing organization			
а	Receive a severance payment or change-of-control pay	ment	t?		4a		Νo
b	Participate in, or receive payment from, a supplemental	nond	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-based	d cor	npensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	le the	e applicable amounts for each item i	n Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organization	s mu	st complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the revenues of	e 1a	, did the organization pay or accrue	any			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," on line 5a or 5b, describe in Part III						
6	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a	, did the organization pay or accrue	any			
а	The organization?				6 a		Νo
b	Any related organization?				6b		Νo
	If "Yes," on line 6a or 6b, describe in Part III						
7	For persons listed on Form 990, Part VII, Section A, lin payments not described in lines 5 and 67 If "Yes," desc			n-fixed	7		Νo
8	Were any amounts reported on Form 990, Part VII, paid subject to the initial contract exception described in Re in Part III				8		No
9	If "Yes" on line 8, did the organization also follow the re	butta	able presumption procedure describe	ed in Regulations			

section 53 4958-6(c)?

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

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

Instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		Base (1) compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 William Schulz President & CEO	(i)	201,478	0	0	20,148	17,627	239,253	0
	(ii)	0	0	0	0	0	0	0
2 Constance KaneVP & COO	(i)	156,218	0	0	15,622	18,269	190,109	0
	(ii)	0	0	0	0	0	0	0
3 Maxine NeilVP & CDO	(i)	124,016	0	0	12,402	16,195	152,613	0
	(ii)	0	0	0	0	0	0	0
4 Sushma Raman VP & Chief Program Officer	(i)	124,182	0	0	11,176	21,336	156,694	0
-	(ii)	0	0	0	0	0	0	0
5 Kathleen McTigue Director of UUCSJ	(i)	127,868	0	0	11,508	25,603	164,979	0
	(ii)	0	0	0	0	0	0	0
6 Paul Twitchell Jr Director of Communications	(i)	131,911	0	0	11,872	7,960	151,743	0
	(ii)	0	0	0	0	0	0	0
7 Carol Cahalane Dir of Finance/Former	(i)	116,507	0	0	10,486	0	126,993	0
Interim CFO	(ii)	0	0	0	0	0	0	0

Return Reference	Explanation					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Part IIII Supplemental Inform	nation					
Schedule J (Form 990) 2015	Page 3					

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

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 Part VI.

► Attach to Form 990.

Open to Public

Inspection

2015

DLN: 93493316010416 OMB No 1545-0047

Internal Revenue Service

Department of the Treasury

(Form 990)

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

	e of the organization									Em	ployer id	entifica	tion nu	mber	
	arian Universalist Service imittee Inc									04	-61860	12			
	rt I Bond Issues														
	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued		(e) Issue price (f)		(f) D	escription	n of purpose	(g) De	feased	d (h) On behalf of			Pool ncing		
										Yes	No	ıss Yes	uer No	Yes	No
A	Mass Development Finance Agency	04-3431814	N one A vail	05-17-2007	3,50	0,000 F	urchas	se of Offic	e Building	res	X	res	X	res	X
Pa	rt III Proceeds														
						A		ı	3		С			D	
1	A mount of bonds retired														
2	A mount of bonds legally defea	ased													
3	Total proceeds of issue					3,500,	,000								
4	Gross proceeds in reserve fur														
5	Capitalized interest from proc														
6	Proceeds in refunding escrow														
7	Issuance costs from proceed	s				47,	000								
8	Credit enhancement from pro	ceeds													
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	oceeds				3,453,	.000								
11	Other spent proceeds														
12	Other unspent proceeds			•											
13	Year of substantial completio	n			20	09									
					Yes	No		Yes	No	Yes	ı	V o	Ye	s	No
14	Were the bonds issued as par	rt of a current refundır	ngıssue?	•		Х									
15	Were the bonds issued as par	t of an advance refun	dıngıssue?			Х									
16	Has the final allocation of pro	ceeds been made?.			X										
17	Does the organization mainta allocation of proceeds?	·		ort the final	×										
Pa	t IIII Private Business l	Jse													
							В			Ç				D	
_	Was the organization a next a	or in a partnership ar	a momber of ar !!	C which owned	Yes	No		Yes	No	Yes	<u> </u>	ło	Yes	5	No
1	Was the organization a partne property financed by tax-exer			•		X									

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

Χ

				Α	!	В	С)	
			Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private bof bond-financed property?	ousiness use		x							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed										
prope											
С	Are there any research agreements that may result in private business use financed property?	of bond-		×							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed propert										
4	Enter the percentage of financed property used in a private business use by other 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 as unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government	rsection		0 %							
6	Total of lines 4 and 5			0 %							
7	Does the bond issue meet the private security or payment test?			Х							
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?			х							
b											
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s	sections									
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?										
Par	t IV Arbitrage										
		Α			В		С		D		
	•	Yes	No	Yes	Yes No		es No		Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		х								
2	If "No" to line 1, did the following apply?		•		•		•				
a	Rebate not due yet?		Х								
b	Exception to rebate?	Х									
С	No rebate due?		Х								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed											
3	Is the bond issue a variable rate issue?		Х								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х								
b Name of provider											
С	Term of hedge		-								
d	Was the hedge superintegrated?										
e	Was the hedge terminated?										

Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Were any gross proceeds invested beyond an available temporary Х period? Has the organization established written procedures to monitor the requirements of section 148? . . . **Procedures To Undertake Corrective Action** No No No Yes Yes Yes Yes No Has the organization established written procedures to ensure

and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?

that violations of federal tax requirements are timely identified

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Х

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

(Form 990)

DLN: 93493316010416

Noncash Contributions

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

OMB No 1545-0047 2015

Open to Public Inspection

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990 Department of the Treasury

Internal Revenue Service **Employer identification number** Name of the organization

Unitarian Universalist Service

Committee Inc				04-6186012	
Part I Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of detern noncash contribution	_
1 Art—Works of art			-		
2 Art—Historical treasures .					
3 Art—Fractional interests					
4 Books and publications					
5 Clothing and household goods					
6 Cars and other vehicles					
7 Boats and planes					
8 Intellectual property					
9 Securities—Publicly traded .	Х	51	785,658	market value	
10 Securities—Closely held stock					
Securities—Partnership, LLC, or trust interests					
12 Securities—Miscellaneous					
13 Qualified conservation contribution—Historic structures					
14 Qualified conservation contribution—Other					
15 Real estate—Residential .					
16 Real estate—Commercial					
17 Real estate—Other					
18 Collectibles					
19 Food inventory					
20 Drugs and medical supplies .					
21 Taxidermy					
22 Historical artifacts					
23 Scientific specimens					
24 Archeological artifacts					
25 Other ▶ ()					
26 Other ► ()					
27 Other ► ()					
28 Other ► ()	L				
29 Number of Forms 8283 received for which the organization compl				29	T., T.
30a During the year, did the organiz	ation receiv	e by contribution any prope	rty reported in Part I. lines	1 through 28 that	Yes N
				- '	
it must hold for at least three ye				red to be used	
for exempt purposes for the ent	ıre holdıng p	period?		30a	ı N

b If "Yes," describe the arrangement in Part II 31 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II For Paperwork Reduction Act Notice, see the Instructions for Form 990.

contributions? . . .

b If "Yes," describe in Part II

Cat No 51227J

Schedule M (Form 990) (2015)

32a

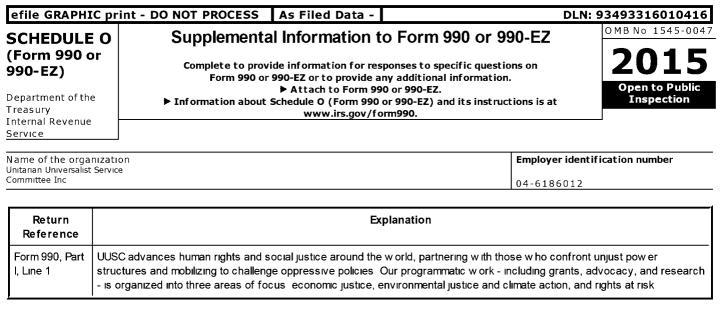
Yes

Νo

Return Reference Explanation

Part I, Column (b) The number shown in column B represents the total number of gifts of securities and other gifts

Schedule M (Form 990) (2015)



Return Reference	Explanation	
Form 990, Part I, Management Comment regarding Year to Year comparison	program expenses increased over \$0 9m in FY16. This activity explains the year to year differences seen in Part I on	
	page 1 of the Form 990 Further information regarding UUSC Rising and our financial results is available by contacting UUSC at info@uusc org	

Return Reference	Explanation
Form 990, Part III, Line 4a	laghts as Pack LUSCs Rights at Reik Program addresses the needs of populations on the outer margins of sciency, who are trabtoningly excluded from menstream and resources is hustions of frouced descheement, natural and man-med estateries, and prose volations of ovil and potical rights, LUSCs originary enterpoints of the Pepal earthquate, political violence in Burnal, and the refugee crises in the Middle EastEurope, LUSCs originary enterpoints of the Pepal earthquate, political violence in Burnal, and the refugee crises in the Middle EastEurope, LUSCs originary enterpoints of the Pepal earthquate, political violence in Burnal, and the refuge crises in the Middle EastEurope, LUSCs originary enterpoints of the Pepal earthquate, political violence and adjustment of the Pepal earthquate of th

Return Reference	Explanation
Form 990, Part III, Line 4b	Environmental Justice & Climate Action For years, UUSC has been on the cutting edge of ensuring that the human right to water is recognized in principle and becomes a reality in practice. UUSC collaborates with innovative groups who are protecting water resources and increasing access to services in law and practice. Recognizing that too many people are denied the human right to water because of discrimnatory policies and procedures, UUSC focuses on working with rural communities and low-income urban residents, indigenous people, people of color, women, children, and people living with disabilities Indiation to its work defending the human right to water. UUSC seeks to combat the exploitation of natural resources in indigenous communities and to protect and advance the human rights of those that are most affected by and least able to respond to the impacts of climate to protect and advance the human rights of those that are most affected by and least able to respond to the impacts of climate to protect and advance the human rights of those that are most affected by and least able to respond to the impacts of climate the following - Helping the US Human Rights Network (USHRN) petition the inter-American Commission on Human Rights (IACHR) to hold hearings on the United States' continued denial of the existence of any federal law guaranteeing the human right to water. The hearings, granted in September 2015, were held in April 2016 and included testimony from a number of UUSC partners - Accompanying U S community representatives in their testimony at the IACHR hearings, meeting with U N Rapporteurs to request a visit to affected communities and an official IACHR or U N report on water and santiation in the United States, and holding meetings with staff of seven federal agencies to discuss water affordability, safety, and access - Continuing to support Massachusetts Global Action in its "Color of Water" advocacy campagn in the Boston area, which has already led the Boston Water and Sewer Commission to necesses its

Return Reference	Explanation
Form 990, Part III, Line 4c	Economic Justice UUSC's Economic Justice Program develops strategic partnerships and networks, builds movements, and influences local, statewide, and national policy in order to advance workers' rights. With a focus on the rights of women who work in the informal economy and workers in several sectors of the food industry, the economic justice program aims to (i) empower and organize workers to advocate for their rights, (iii) foster the creation of fair, safe work environments that are free from intimidation and harassment, and (iii) hold corporations accountable for violations of their workers' human rights. UUSC's efforts to empower and improve the livelihoods of workers in the informal economy include partnerships in Africa, Asia, and the Middle East. In Kenya, for example, UUSC helped increase business incomes for more than 2,700 individuals by supporting a program by the Kenya National Alliance of Street Vendors and Informal Traders (KENASVIT) to establish a revolving loan fund for informal workers. In Pakistan and Nepal, UUSC's partners (HomeNet Pakistan and Saathi) will train more than 3,500 women homebased workers in leadership skills, human rights, advocacy, and communication, and conduct more than 40 meetings and consultations with government officials and representatives regarding rights of women home-based workers. In the Middle East, UUSC is helping Sharek Youth Forum reverse systemic gender biases by training young women in the Occupied Palestinian Territories to pursue employment in non-traditional sectors and industries. UUSC continued to help low-income and immigrant workers in the food industry through unique partnerships with domestic grassroots organizations. In addition to financially supporting Northwest Arkansas Workers' Justice Center (NWAWJC) campaign to empower and protect poultry workers, for instance, UUSC (i) contributed substantially to a report issued by NWAWJC, titled Wages and Working Conditions in Arkansas Poultry Plants - UUSC's research team carried out extensive research on

Return Reference	Explanation
Form 990, Part VI,	The draft of the Form 990 is discussed and review ed 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
	l of the Form 990 before it is filed

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.	

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The compensation of the President/CEO is determined by the executive committee of the board of trustees, all of w hom 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.

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 wiebsite. Additionally, the Form 990 and financial statements are available through the Massachusetts Attorney General's wiebsite.

Return Reference	Explanation
Form 990, Part XI, line 9	Change in Value of Split-interest Gifts -155,096

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047 2015

DLN: 93493316010416

Open to Public Inspection

Employer identification number

04-6186012

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Committee Inc

Unitarian Universalist Service

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

		1		1 ()	100		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
						_	
Identification of Related Tax-Exempt Organizor more related tax-exempt organizations during the state of the		the organization an	swered "Yes"	on Form 990, Pa	irt IV, line 34 because	ıt had one	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sec	tion Public charity : (if section 501(status (f) Direct controlling (c)(3)) entity	Section 5 (13) con entit	512 itro
						Yes	N
							_

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	ប)	(k)
Name, address, and EIN of	Primary activity		Direct	Predominant	Share of	Share of	Disprop	rtionate		Gener	ral or	Percentage
related organization		domicile		income(related, unrelated,	total income	end-of-year assets	alloca	tions?	amount in box 20 of	mana partr	iging	ownership
		(state or foreign	entity	excluded from		assets			Schedule K-1	parti	lei'	
		country)		tax under					(Form 1065)			
		,		sections 512-					(, , , , , , , , , , , , , , , , , , ,			
				514)					_	L		
							Yes	No		Yes	No	
										+		
										1 1		
									<u> </u>			
Part IV Identification of Polated Organizations Tayable a	s a Cornor	ation	or Trust C	omplete if th	e organiza	tion and	vered	"Voc"	on Form 9	100 E	ort I	IV line

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section (b)(1 contro entit	13) olled y ²
								Yes	No
(1) Chantable Annuity Trusts (4)	Chantable Annuity Trust	МА	UUSC	Т				Yes	
(2)Pooled Income Fund (1)	Pooled Income Fund	МА	UUSC	Т				Yes	

chedule k (Form 990) 2015					Рад	ge 3				
Part V Transactions With Related Organizations Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	34, 35b, or 36.							
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No				
1 During the tax year, did the orgranization engage in any of the following transactions with one or more i	related organizations li	sted in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No				
b Gift, grant, or capital contribution to related organization(s)				1 b		No				
c Gift, grant, or capital contribution from related organization(s)				1 c		No				
d Loans or loan guarantees to or for related organization(s)				1 d		No				
e Loans or loan guarantees by related organization(s)				1e		No				
f Dividends from related organization(s)				1f		No				
g Sale of assets to related organization(s)										
h Purchase of assets from related organization(s)				1h		No				
i Exchange of assets with related organization(s)				1i		No				
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No				
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No				
l Performance of services or membership or fundraising solicitations for related organization(s)										
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No				
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No				
o Sharing of paid employees with related organization(s)				10		No				
p Reimbursement paid to related organization(s) for expenses				1 p		No				
$oldsymbol{q}$ Reimbursement paid by related organization(s) for expenses				1 q		No				
r Other transfer of cash or property to related organization(s)				1r		No				
$oldsymbol{s}$ O ther transfer of cash or property from related organization(s)				1 s		No				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complet				s						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount II	nvolved					

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

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

revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships																			
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) organizations?		501(c)(3) income organizations?		total end-of-year income assets		(h) Disproprtionate r allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No							
												1 I							
													<u>. </u>						

