#### DLN: 93493317014200

2019

OMB No. 1545-0047

Department of the Treasury

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

Open to Public Inspection

		nue Service	1					
			C Name of organization	ning 07-01-2019 , and ending 06	5-30-2020	D Employ	er identi	ification number
		pplicable: change	Unitarian Universalist Service Committee Inc					neation number
	me cha	-				 	6012	
_	tial ret	urn n/terminated	Doing business as					
		return	Number and street (or P.O. box if ma	ail is not delivered to street address) Room	n/suite	E Telephor	ne numbe	r
□Ар	plicatio	on pending	689 Massachusetts Avenue			(617) 8	368-6600	)
			City or town, state or province, coun Cambridge, MA 02139	try, and ZIP or foreign postal code				
			- '			<b>G</b> Gross re	eceipts \$ 1	10,495,946
			<b>F</b> Name and address of principa Mary Katherine Morn	l officer:		s this a group re	turn for	
			689 Massachusetts Avenue			ubordinates? (re all subordina	tes	□Yes ☑No
T Ta	x-exen	npt status:	Cambridge, MA 02139		─	ncluded?		∐ Yes ∐No
		•	<b>№</b> 501(c)(3) <b>□</b> 501(c)( ) <b>4</b> (	insert no.) 4947(a)(1) or 527		f "No," attach a Group exemption	•	•
JW	ebsit	e: > ww	w.uusc.org		11(0)	aroup exemption	number	
<b>K</b> Fort	n of or	rganization:	: 🗹 Corporation 🗌 Trust 🔲 Assoc	ciation Other >	L Year of	formation: 1948		e of legal domicile:
1 1 011	11 01 01	gamzadom.	E corporation E mase E Associ	Ciddon D Galer P			MA	
Pa	art I		mary					
		Briefly des See Sched	scribe the organization's mission or Jule O	r most significant activities:				
)ce	=	Jee Jenea	uic o					
nai	_							
Activities & Governance	,	Check thi	is how •  if the organization dis	continued its operations or disposed o	of more than	25% of its net a	accetc	
Ğ	3	Number of	of voting members of the governin	g body (Part VI, line 1a)	· · ·		3	15
<b>න්</b> ග	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	14
₫:	5	Total nun	nber of individuals employed in cal	endar year 2019 (Part V, line 2a) .			5	45
<b>≩</b>	6	Total num	nber of volunteers (estimate if nec	essary)			6	770
ď				VIII, column (C), line 12			7a	<u>'</u>
	b	Net unrel	ated business taxable income from	n Form 990-T, line 39			7b	
	_					Prior Year		Current Year
ã.			tions and grants (Part VIII, line 1h)			6,959,		9,377,718
Ravenue	1	-	service revenue (Part VIII, line 2g)			142,	-	79,264
ą,	1		ent income (Part VIII, column (A), li	•		1,585,		540,564
	1		venue (Part VIII, column (A), lines 5			8,749,	301	96,441
	-		nd similar amounts paid (Part IX, co	st equal Part VIII, column (A), line 12)	<u>'</u>	1,297,		1,174,127
				olumn (A), line 4)		1,297,	0	1,1/4,12/
10			,	nefits (Part IX, column (A), lines 5-10	))	4,760,		4,866,057
Se	1	-		nn (A), line 11e)	'' <u> </u>	180,		156,540
Expenses			raising expenses (Part IX, column (D), I	, ,,			+	
Щ			penses (Part IX, column (A), lines 1	· — ·		2,842,	694	2,522,138
		•	enses. Add lines 13–17 (must equ	•		9,080,		8,718,862
	19	Revenue	less expenses. Subtract line 18 fro	om line 12		-330,	988	1,375,125
\$ &					Begin	ning of Current \	/ear	End of Year
Net Assets or Fund Balances	30	T-+-!	ata (Dart V. line 4.6)			20.761	600	20.452.42
Ass I Ba			ets (Part X, line 16)			28,764,		30,153,124
ž Š			ilities (Part X, line 26) . . . s or fund balances. Subtract line 2			3,940, 24,823,		4,098,326 26,054,798
	rt II		ature Block			24,023,	704	20,034,730
				ined this return, including accompany	ing schedule:	s and statement	s, and to	the best of my
	ledge nowle		f, it is true, correct, and complete.	. Declaration of preparer (other than o	officer) is bas	sed on all inform	ation of	which preparer has
uny is		lı						
		******	* ure of officer			2020-11-10 Date		
Sign		Josephace	The of officer			Date		
Here	5		Davidson VP & CAO r print name and title					
		17	rint/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	4			sparer o orginacare	2020-11-10	Check 🔲 if	P0134239	)5
	a pare	sr   Fi	irm's name	1	_1	self-employed Firm's EIN ► 26	-3753134	
	On	ь. ⊢	irmic address • FOO Baulatan Charles			Diam (2.5)	764 655	
<u> </u>		ا و.	irm's address ► 500 Boylston Street			Phone no. (617)	/61-0600	J
			Boston, MA 02116					
May t	ha ID	S discuss	this return with the preparer show	un above? (see instructions)			<b>✓</b>	Ves No

Form	990 (2	019)					Page <b>2</b>
Pa	rt III	Statement	of Program Servic	e Accomplis	hments		
		Check if Sched	dule O contains a respo	nse or note to	any line in this Part III		🗹
1	Briefly	describe the o	rganization's mission:				
		ces human righ pressive policie		ound the world,	partnering with those	who confront unjust power struc	ctures and mobilizing to
2		-	undertake any significa r 990-EZ?		- <i>'</i>	hich were not listed on	□ Yes ▼ No
	,						□ Yes ☑ No
3		•	se new services on Sch		changes in how it cond	uete any program	
3	service	es?	se changes on Schedul		· · · · ·	ucts, any program	☐ Yes ☑ No
4	Section	n 501(c)(3) and		ns are required	to report the amount of	largest program services, as mo of grants and allocations to othe	
4a	(Code:		) (Expenses \$	2,852,773	including grants of \$	481,296 ) (Revenue \$	20,470 )
	See Ad	ditional Data					
4b	(Code:		) (Expenses \$	2,316,779	including grants of \$	390,868 ) (Revenue \$	16,228 )
	See Ad	ditional Data					
4c	(Code:	ditional Data	) (Expenses \$	1,361,752	including grants of \$	301,963 ) (Revenue \$	13,949 )
	(Code:		) (Expenses \$	580,925	including grants of \$	) (Revenue \$	79,565 )
	Human	Rights Programs	- IV. UU College of Social	Justice: See Schee	dule O.		
4d	Other	program servic	es (Describe in Schedu	ıle O.)			
	(Expe	nses \$	580,925 incl	uding grants of	\$	) (Revenue \$	79,565 )
4e	Total	program serv	rice expenses >	7,112,2	29		

	990 (2019)			Page 3
Pa	tiv 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 2	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 $\ref{20}$ .	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? <i>If "Yes," complete Schedule D</i> ,Part   91	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? <i>If "Yes,"</i> 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
LO	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	
l <b>1</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable.			
а	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	
	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 "	11d		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	
	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	
	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
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	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	
L <b>6</b>	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
L7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	
L8	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
L9	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
	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?	ا ۔۔۔ ا		

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Yes

20b

21

orm	990 (2019)			Page <b>4</b>
Pai	Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 💆	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\ref{Matter}$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4	Enter the number reported in Rev 2 of Form 1006. Enter -0. If not applicable 1.10.		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 49  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Yes	

01111	Chatamanta Barandina Othan IDC Filings and Tay Compliance (continued)			rage <b>3</b>
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
F-		5a		N.a.
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	Ба		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	nse to	lines
Se	ction A. Governing Body and Management			
_			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  15			
	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 business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization'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 power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	<u> </u>	16b		
<u>Se</u> 17	ction C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶			
17	CA , CO , CT , DC , FL , GA , HI , IL , IN , I , MA , MI , MN , NH , NJ , NM , NY , NC , C , CT , DT , VA , WA , WV , WI , AL , AK	н,ок	, OR , F	PA, RI,
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Carol Cahalane UUSC 689 Massachusetts Avenue Cambridge, MA 02139 (617) 301-4331			

Part VII

VP & CPO

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

- 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

<ul> <li>List all of the organization's former director</li> <li>organization, more than \$10,000 of reportable control</li> </ul>										
See instructions for the order in which to list the			or garr	11246		aria ai	, .	siacea organización.	<b>5</b> .	
$\square$ Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee.	
<b>(A)</b> 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	(E) Reportable compensation from related organizations	(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	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
(1) Rev Ned Wight	1.00	V		,,					0	
Chair		Х		X				0	0	0
(2) Brock Leach	1.00									
Vice-Chair		Х		Х				0	0	0
(3) Cynthia Totten	1.00									
Secretary		Х		Х				0	0	0
(4) Todd Hess	1.00									
Treasurer		Х		X				0	0	0
(5) Rev Jacqueline Brett Board Member	1.00	Х						0	0	0
(6) Sarah K Dreier Board Member	1.00	Х						0	0	0
(7) Barbara Du Mond Board Member	1.00	Х						0	0	0
(8) Peter Fenn Board Member	1.00	Х						0	0	0
(9) Lyssa Jenkens Board Member	1.00	Х						0	0	0
(10) Lynn Miyamoto Board Member	1.00	Х						0	0	0
(11) Maria Pignataro Nielsen Board Member	1.00	X						0	0	0
(12) April Nishimura Board Member	1.00	Х						0	0	0
(13) Joseph Parsons Board Member	1.00	Х						0	0	0
(14) Anthony Pinn Board Member	1.00	X						0	0	0
(15) James Smith Board Member	1.00	Х						0	0	0
(16) Mary Katherine Morn President & CEO	40.00			х				247,174	0	29,493
(17) Rachel Freed	35.00			v				162,859	0	14,674

Woburn, MA 01801

Form 990 (2019)											Page 8
Part VII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	hes	st Compensated	Employees (con	tinued)	
<b>(A)</b> Name and title	hours per than one box, unless person compensation week (list is both an officer and a any hours director/trustee) organization organization (W-2/1009 (W-2/1009)								(E) Reportable compensation from related organizations (W-2/1099-	Estim amount a comper from organizat	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	rela organiz	
(18) Mack Davidson  VP & CAO	35.00			х				165,816	0		22,230
(19) Cassandra Ryan	25.00										
VP & CDO	35.00			Х				160,490	0		44,857
(20) Kathleen McTigue Director of AJE	35.00					Х		145,239	0		43,237
(21) Quang Nguyen Director of Human Resource	35.00					Х		139,193	0		23,598
(22) Danielle Fuller-Wimbush Director of Programs	35.00					Х		114,685	0		34,993
(23) Michael Kourabas Associate Director	35.00					Х		109,658	0		31,888
(24) Carol Cahalane	35.00						Х	131,444	0		14,451
Director of Finance											
1b Sub-Total	/II, Section A	 <u></u>			/e) w		ceive	1,376,558 ed more than \$100	,000		259,421
of reportable compensation from the orga	anization ► 9									Yes	No
3 Did the organization list any <b>former</b> offic line 1a? <i>If "Yes," complete Schedule J for</i>									mployee on	103	
<ul> <li>For any individual listed on line 1a, is the organization and related organizations grant</li> </ul>	sum of reporta	ble con	npens	atio	n an	d othe	er co	empensation from t	<u>3</u>	Yes	
individual	eater than \$150	•		•	.0111	•	•	· · · · ·	4	Yes	
<b>5</b> Did any person listed on line 1a receive o services rendered to the organization? <i>If</i> "									dual for 5		No
Section B. Independent Contractors											
Complete this table for your five highest of from the organization. Report compensations.	compensated in									nsation	
(A) (B) (C) Name and business address Description of services Compensation											
IDM								Fundraising Co	nsulting		156,540
1250 Connecticut Ave NW Suite 700 Washington, DC 20036								Churchenia Co	nunications		123,800
The Raben Group  1341 G St NW FI5	341 G St NW FI5										
Washington, DC 20005 iCorps								IT Services			101,612
300 Trade Center Suite 6540											

orm 9			- f F							Page <b>9</b>
Part	VIII				recno	nse or note to any	line in this Part VIII			П
		Check if Schee	uuic	O contains e	тезро	Tibe of flote to diffy	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
" s	1a	Federated campa	aigns	· . [	<b>1</b> a	26,244		Tevende	l	312 311
Contributions, Gifts, Grants and Other Similar Amounts	ı	<b>b</b> Membership due:	s.		<b>1</b> b					
<u>.</u>	•	c Fundraising even	nts .	. [	1c					
ifts, ar A	(	d Related organiza	tions	5	1d					
3, G ⊞		Government grants		Ļ	1e					
Contributions, Gifts, Grants and Other Similar Amounts	1	f All other contributio and similar amounts			1f	9,351,474				
But the	١,	above g Noncash contributio	ons in	cluded in		, ,				
		lines 1a - 1f:\$			<b>1</b> g	505,294				
<u>ੂ</u> ਹੁਸ਼	ا	<b>h Total.</b> Add lines :	1a-1	f		•	9,377,718			
						Business Code	79,264	79,264		
a	2a	Participant Fees Lear	ning '	Trips		624200	79,264	79,264		
Program Service Revenue	b									
æ	b									
vice	C									
Set	d									
Iran										
<b>P</b>	е									
	f	All other program	serv	ice revenue.						
		Total. Add lines 2				79,264				
		Investment income imilar amounts)		luding divide		nterest, and other	233,948	3		233,948
		Income from invest				ond proceeds				
	5 I	Royalties	_			•				
				(i) Rea	al	(ii) Personal				
	6a	Gross rents	6a	4	183,589					
	b	Less: rental expenses	6b	3	387,148					
	С	Rental income					1			
	d	or (loss)   Net rental income	6c		96,441			50,948	19,387	26,106
		Tree remaining		(i) Securi		(ii) Other	<u> </u>			
	7a	Gross amount from sales of	7a		98,740		7			
		assets other than inventory			90,740	222,68	<u></u>			
	b	Less: cost or other basis and sales expenses	7b		14,811	,	0			
	С	Gain or (loss)	7с		83,929	222,68	7			
	d	Net gain or (loss)					306,616	5		306,616
Other Revenue	8a	Gross income from fu (not including \$ contributions reported	d on	of line 1c).						
ev.		See Part IV, line 18			8a					
er		Less: direct expen Net income or (los			8b ing eve	ents 🕨				
	9a	Gross income from See <b>Part</b> IV, line 19			9a					
	b	Less: direct expen	ises		9b					
	c	Net income or (los	ss) fr	om gaming	activiti	es <b>&gt;</b>				
	10a	Gross sales of inve	entoi	rv. less						
		returns and allowa	ances	s	10a					
		Less: cost of good			<b>10</b> b					
	С	Net income or (los Miscellaneo			invent	ory ► Business Code				
	11		K			Dadineda Coue				
	b	,								
	c									
		All 12								
		All other revenue  Total. Add lines 1				•				
		Total revenue. S								
				.56, 466,0115	•	• • • •	10,093,987	130,212	19,387	566,670

orm 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must co	amplete all columns	All other organization	ne must complete colu	ımn (A)
		=		ımn (A).
Check if Schedule O contains a response or note to any		(B)	(c)	□ (D)
Oo not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	615,887	615,887		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	558,240	558,240		
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	847,592	607,260	188,370	51,962
<b>6</b> Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
<b>7</b> Other salaries and wages	2,748,638	2,367,022	301,071	80,545
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	326,161	269,750	44,393	12,018
9 Other employee benefits	676,877	559,808	92,127	24,942
<b>10</b> Payroll taxes	266,789	220,612	36,339	9,838
11 Fees for services (non-employees):				
a Management				
	13,550	4,750	8,800	
	58,500	1,7 33	58,500	
c Accounting	38,300		38,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	156,540			156,540
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	540,179	538,673		1,506
12 Advertising and promotion				
L3 Office expenses				
L4 Information technology	158,405	130,456	15,563	12,386
L5 Royalties				
<b>16</b> Occupancy	145,095	102,045	23,629	19,421
17 Travel	305,086	289,913	4,075	11,098
18 Payments of travel or entertainment expenses for any federal, state, or local public officials			.,	
19 Conferences, conventions, and meetings	40,707	21,141	15,921	3,645
20 Interest	57,583	41,820	9,069	6,694
_	37,363	41,020	3,003	0,05-
21 Payments to affiliates	222.040	150 521	47.620	25.700
22 Depreciation, depletion, and amortization	223,948	150,521	47,628	25,799
23 Insurance	56,466	38,820	11,446	6,200
a Printing & Publications	332,710	285,019	2	47,689
<b>b</b> Postage & Shipping	293,530	249,012	665	43,853
c Supplies	26,518	12,892	4,925	8,701
d Telephone	23,766	15,526	5,140	3,100
e All other expenses	246,095	33,062	26,972	186,061
Total functional expenses. Add lines 1 through 24e	8,718,862	7,112,229	894,635	711,998
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).	601,767	511,502	0	90,265

Form 990 (2019)

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Assets 30 2,509,632

4,796,497

536,297

144.010

105.570

383,524

5,606,983

10,604,285

5.416,448

49,878

807,408

2.377.255

125.000

788,663

4.098.326

16,490,318

9,564,480

26,054,798

30,153,124

Form 990 (2019)

30,153,124

(B)

End of year

Beginning of year

9.021,427

3,414,444

1,303,748

3,582,224

1.490.187

391.398

124.961

169,611

5,879,839

10,722,536

5.050.546

49,559

694,503

2.477.894

125,000

643,508

3.940.905

15,391,134

9,432,570

24,823,704

28,764,609

28,764,609

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

Cash-non-interest-bearing . . . . . . Savings and temporary cash investments . . .

Pledges and grants receivable, net Accounts receivable, net . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . . Assets Inventories for sale or use . . . . .

Prepaid expenses and deferred charges . . .

10a 10b

basis. Complete Part VI of Schedule D Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other

b Less: accumulated depreciation 11 12 13 14 Intangible assets . . .

15 Other assets. See Part IV, line 11 . . .

16

Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 .

17 Accounts payable and accrued expenses .

Grants payable .

**Total assets.** Add lines 1 through 15 (must equal line 34) . Deferred revenue . . . . Tax-exempt bond liabilities . . .

18 19 20

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

21 Liabilities 22 23

24

25 and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . . Fund Balances

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Organizations that follow FASB ASC 958, check here <a> \square</a> and complete lines 27, 28, 32, and 33.

Capital stock or trust principal, or current funds . . .

Total liabilities and net assets/fund balances .

Other liabilities (including federal income tax, payables to related third parties,

Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

3a

3h

Nο

Form 990 (2019)

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

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.

Audit Act and OMB Circular A-133?

### **Additional Data**

# Software Version:

**EIN:** 04-6186012 Name: Unitarian Universalist Service Committee Inc.

Software ID:

Form 990 (2019)

Form 990, Part III, Line 4a: Human Rights Programs - I. Migrant Justice: See Schedule O.

## Form 990, Part III, Line 4b:

Human Rights Programs - II. Climate Justice & Environmental Justice: See Schedule O.

#### Form 990, Part III, Line 4c: Human Rights Programs - III. Crisis Response: See Schedule O

efil	e GR/	<u>APHIC prii</u>	nt - DO NOT F	ROCESS	As Filed Data -			DLN: 9	3493317014200			
SCI	HED	ULE A		Public (	Charity Statu	s and Dul	alic Supp	ort	OMB No. 1545-0047			
	m 99		Comple	ete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form 9	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	· a section	2019			
		the Treasury	► Go t	to <u>www.irs.</u>	<i>gov/Form</i> 990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	<b>he organiza</b> versalist Servic						Employer identific	ation number			
	ittee In	nc						04-6186012				
	rt I				I <b>s</b> (All organization it is: (For lines 1 thro			See instructions.				
1	n garnz		•		sociation of churches	-		(A)(i)				
2		·		,	l)(A)(ii). (Attach Sch							
3					ice organization desc	,	, ,					
4		·	·		-			-	nter the bosnital's			
•	Ш	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:										
5		(b)(1)(A)	(iv). (Complete	Part II.)	-			ernmental unit descri	bed in <b>section 170</b>			
6			-		governmental unit de							
7	<b>✓</b>		ation that norma 'O(b)(1)(A)(vi)			s support from a	governmental u	init or from the gener	al public described in			
8		A communi	ty trust describe	d in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9					scribed in <b>170(b)(1)</b> e instructions. Enter			with a land-grant coll college or university:	ege or university or a			
10		from activit investment	ies related to its	exempt fund elated busine	ctions—subject to ceress taxable income (le	tain exceptions,	and (2) no more	ns, membership fees, than 331/3% of its su sses acquired by the c	•			
11		An organiza	ation organized a	nd operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
12		more public	ly supported org	janizations d		09(a)(1) or sec	ction 509(a)(2	s of, or to carry out th ). See <b>section 509(a</b> s 12e, 12f, and 12g.				
a		organizatio		o regularly a				zation(s), typically by of the supporting orga				
b		manageme		ing organiza	tion vested in the sar			organization(s), by ha ge the supported orga				
С		Type III f	unctionally inte	<b>grated.</b> A s				nd functionally integra	ted with, its			
d		Type III n	on-functionally integrated. The	<b>/ integrated</b> organization	I. A supporting organi	zation operated fy a distribution	in connection wi	th its supported orgar an attentiveness req				
е		Check this	box if the organi	zation receiv		ation from the I		pe I, Type II, Type II	I functionally			
f	Enter		of supported or			-		<u> </u>				
g					oported organization(							
	(i) N	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
						Yes	No					
Tota		wants Do	tion Act Notice			Cat. No. 11285	-	 Schedule A (Form 9	000 57) 5545			

	(or fiscal year beginning in) ▶	(a) 2015	(D) 2016	(6) 2017	(u) 2010	(e).	2019	(I) Total
	Gifts, grants, contributions, and membership fees received. (Do not	8,141,734	7,674,074	8,042,642	6,959,775		9,351,474	40,169,699
	include any "unusual grant.")							
	Tax revenues levied for the							
	organization's benefit and either paid							
	to or expended on its behalf The value of services or facilities						<del></del>	
	furnished by a governmental unit to							
	the organization without charge							
	<b>Total.</b> Add lines 1 through 3	8,141,734	7,674,074	8,042,642	6,959,775		9,351,474	40,169,699
	The portion of total contributions by	0/2 12/7 0 1	7,407.1,47.1	0,012,012	0,505,1.10		3,002,17	.0,203,033
,	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							3,967,749
	line 1 that exceeds 2% of the							
	amount shown on line 11, column (f)							
	Public support. Subtract line 5							36,201,950
	from line 4. ection B. Total Support							
	Calendar year							
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
7	Amounts from line 4	8,141,734	7,674,074	8,042,642	6,959,775		9,351,474	40,169,699
8	Gross income from interest,	, ,	, ,	, ,	, ,		<del>  </del>	, ,
•	dividends, payments received on	257 222	202.624	210 406	330 506		260.054	1 250 012
	securities loans, rents, royalties and	257,222	303,624	218,406	320,506		260,054	1,359,812
	income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the	18,501	20,116	14,728	10,291		19,387	83,023
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part VI.).							
11	Total support. Add lines 7 through						-	
	10							41,612,534
12	Gross receipts from related activities,	etc. (see instructio	ns)			12		1,026,030
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth	tax year as a sec	tion 501	(c)(3) orga	nization,
	check this box and <b>stop here</b>						▶ □	
S	ection C. Computation of Public							
14	Public support percentage for 2019 (lin	ne 6, column (f) di	vided by line 11, c	olumn (f))		14		87.000 %
15	Public support percentage for 2018 Sc	hedule A, Part II, l	ine 14			15		86.790 %
16a	33 1/3% support test-2019. If the	organization did n	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, c	heck this b	ox
	and <b>stop here.</b> The organization quali							
b	<b>33</b> 1/3% support test—2018. If th							this _
17~	box and stop here. The organization 10%-facts-and-circumstances test	qualifies as a publication of the organization	licly supported org	anization	e 13.16a or 16b	 and line	 - 14	. ▶□
т/а	is 10% or more, and if the organizatio	n meets the "facts-	-and-circumstance	s" test, check this	box and stop he	re. Expla	ain	
	in Part VI how the organization meets	the "facts-and-circ	umstances" test. <sup>-</sup>	The organization q	<sub>l</sub> ualifies as a publi	cly supp	orted	
	organization							▶□
b	<b>10%-facts-and-circumstances tes</b> 15 is 10% or more, and if the organiz						nd line	
	Explain in Part VI how the organization						icly	_

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

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	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						
4	under section 513  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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1	<del></del>			Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and <b>stop here</b>						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 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 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 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. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b 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 sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 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 5a amendment to the organizing document).

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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

```
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
S	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 <b>Part VI</b> 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	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization.	2		
S	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 <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?			
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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	<b>b</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 <b>Part VI.</b> the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See	
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization				
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1			
а	Average monthly value of securities	1a			
b	Average monthly cash balances	<b>1</b> b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
	Section C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6			

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions if any for years prior to 2019			

	***		
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to who details in <b>Part VI</b> ). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<ul> <li>Carryover from 2014 not applied (see instructions)</li> </ul>			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	The state of the s	·	

c From 2016		
d From 2017		
e From 2018		
<b>Total</b> of lines 3a through e		
g Applied to underdistributions of prior years		
n Applied to 2019 distributable amount		
Carryover from 2014 not applied (see instructions)		
Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
Applied to 2019 distributable amount		
Remainder. Subtract lines 4a and 4b from 4.		

instructions)		
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4 Distributions for 2019 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
<b>b</b> Applied to 2019 distributable amount		
c Remainder. Subtract lines 4a and 4b from 4.		
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions		

C Remainder, Subtract lines 4a and 4b from 4.		
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.		
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016		
c Excess from 2017		

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

d Excess from 2018.

e Excess from 2019. . . . .

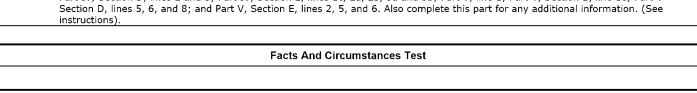
#### **Additional Data**

#### Software ID: Software Version:

**EIN:** 04-6186012

Name: Unitarian Universalist Service Committee Inc

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



**SCHEDULE C** (Form 990 or 990-

EZ)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047 2019

DLN: 93493317014200

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

	al Revenue Service	Inspection				
• S • S • S • S • S • S • S • S • S • S	section 501(c)(3) organizations: Co Section 501(c) (other than section Section 527 organizations: Comple a organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	on Form 990, Part IV, Line 4, or Form at have filed Form 5768 (election under at have NOT filed Form 5768 (election under Form 990, Part IV, Line 5 (Proxy Tans), then	te Part I-C. ts I-A and C below. <b>990-EZ, Part VI, Iir</b> section 501(h)): Co under section 501(h	Do not complete Part I-B.  ne 47 (Lobbying Activities omplete Part II-A. Do not core)): Complete Part II-B. Do n	<b>), then</b> nplete Part II-B. ot complete Part II-A.	
Nar Unit	me of the organization tarian Universalist Service nmittee Inc	·		<b>Employer ident</b> 04-6186012	tification number	
		anization is exempt under secti	on 501(c) or is		ation.	
1 2 3	Provide a description of the orga "political campaign activities") Political campaign activity expen	nization's direct and indirect political ca	mpaign activities in	Part IV (see instructions fo	or definition of	
		paign activities (see instructions) anization is exempt under secti			_	
1 2 3 4a	Enter the amount of any excise of the organization incurred a secure was a correction made?	cax incurred by the organization under s cax incurred by organization managers of ction 4955 tax, did it file Form 4720 for	under section 4955 this year?		Yes No	
b Par	If "Yes," describe in Part IV.  t I-C Complete if the organic	anization is exempt under secti	on 501(c) eve	ent section 501(c)(3)		
		<u>-</u>				
1 2	Enter the amount of the filing or	ded by the filing organization for section ganization's funds contributed to other	organizations for se	ection 527 exempt	; ;	
3	Total exempt function expenditu	res. Add lines 1 and 2. Enter here and o	on Form 1120-POL,	line 17b ▶	3	
4	Did the filing organization file Fo	orm 1120-POL for this year?			☐ Yes ☐ No	
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0	
1						
2						
3						
4						
5						

Schedule C (Form 990 or 990-EZ) 2019

Return Reference

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(	a)	(b)	)
activity.		Yes   No		Amou	ınt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	76 H = 61				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on	
	,	(5), o	r secti		. N
ar	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).		r secti	Yes	N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?		r secti	Yes	i N
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?		E	Yes	s N
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?		 [	Yes 1 2 3	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	 (5), o	 r secti	Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  tiii-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part	 (5), o	 r secti	Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."	(5), o	 r secti	Yes 1 2 3 on 501(	
ar	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part 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	(5), o III-A	 r secti	Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part 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	(5), o III-A 1 2a 2b	 r secti	Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  TIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part 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	(5), o III-A 1 2a 2b 2c	 r secti	Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part 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 .	(5), o III-A 1 2a 2b	 r secti	Yes 1 2 3 on 501(	
Par	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  LIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part 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 political	1 2a 2b 2c 3	 r secti	Yes 1 2 3 on 501(	
ar ar b	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part 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	(5), o III-A 1 2a 2b 2c	 r secti	Yes 1 2 3 on 501(	

Explanation

**SCHEDULE D** 

DLN: 93493317014200

OMB No. 1545-0047

## **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.

Open to Public

2019

Department of the Treasury

(Form 990)

Interr	nal Revenue Service	<u>1990</u> for instruction	ons and the latest info	rmatio	on. <u>un</u>	spection
	me of the organization tarian Universalist Service			Emp	ployer identification	ı number
	mmittee Inc			04-6	5186012	
Pa	art I Organizations Maintaining Donor Advi			or Acc	ounts.	
	Complete if the organization answered "Ye		Part IV, line 6. r advised funds		(b) Funds and other	
1	Total number at end of year	(a) Dono	r advised runds		(b) Funds and other	accounts
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	,	La in weiting that th		المقمما	funda ava tha	
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex					Yes 🗆 No
6	Did the organization inform all grantees, donors, and do	onor advisors in wri	ting that grant funds can	be use		res 🗀 No
	charitable purposes and not for the benefit of the donor	or donor advisor, o	or for any other purpose (	confer	ing impermissible _	_
	private benefit?					Yes 🗌 No
Рa	rt II Conservation Easements.  Complete if the organization answered "Ye	or Form 990	Part IV line 7			
1	Purpose(s) of conservation easements held by the organ	•	•			
-	Preservation of land for public use (e.g., recreation	•		histor	rically important land	3703
		Tor education)			, ,	aica
	☐ Protection of natural habitat		Preservation of a c	certifie	d historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservat	ion contribution in the fo	rm of a	Held at the End	of the Vear
а	Total number of conservation easements			2a	Held at the Lift	or the Tear
b	Total acreage restricted by conservation easements			2b		
c	Number of conservation easements on a certified histori			2c		
d				2d		
	structure listed in the National Register				<u> </u>	
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uished, or terminated by	the or	ganization during the	
4	Number of states where property subject to conservation	on easement is loca	ted ▶		_	
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			of viola	ations,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of vi	olations, and enforcing co	onserv	ation easements durii	ng the year
7	Amount of expenses incurred in monitoring, inspecting,  \$ \\$	handling of violation	ns, and enforcing conser	vation	easements during the	e year
8	Does each conservation easement reported on line 2(d)	above satisfy the r	equirements of section 1	70(h)(	4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			. , ,	Yes	□ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org				
Pai	rt III Organizations Maintaining Collections Complete if the organization answered "Ye	of Art, Historic	al Treasures, or Oth	er Si	milar Assets.	
1a	If the organization elected, as permitted under SFAS 11	L6 (ASC 958), not to	o report in its revenue sta			
	art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finar	ncial statements tha	t describes these items.			
b	historical treasures, or other similar assets held for pub following amounts relating to these items:	lic exhibition, educa	ation, or research in furth	erance	e of public service, pro	ovide the
	(i) Revenue included on Form 990, Part VIII, line ${f 1}$				<b>▶</b> \$	
(	ii)Assets included in Form 990, Part X				. <b>&gt;</b> \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS	ical treasures, or ot	ner similar assets for fina			
а	Revenue included on Form 990, Part VIII, line 1				. <b>&gt;</b> \$	
b						

Cat. No. 52283D

Schedule D (Form 990) 2019

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

**d** Equipment .

Par	t III	Organizations M	aintaining Colle	ections of Art, H	istori	cal T	reası	ires, or Other	Similar As	sets (co	ntinued)
3		ng the organization's acq ns (check all that apply):	, ,	and other records,	check a	any of	the fo	ollowing that are a	significant u	se of its c	ollection
а		Public exhibition			d		Loan	or exchange prog	rams		
b		Scholarly research			е		Othe	r			
С		Preservation for future	e generations								
4		Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								□ No		
Pa	rt IV	Complete if the or X, line 21.	ganization answe	ered "Yes" on Forr						nt on Fo	rm 990, Part
1a		he organization an agent uded on Form 990, Part								☐ Yes	□ No
b	If "\	Yes," explain the arrange	ement in Part XIII a	and complete the fol	lowing	table:			Aı	mount	
С		inning balance		•	_			1c			
d	Add	itions during the year .						1d			
е		ributions during the year									
f		ing balance									
2a	Did	the organization include	an amount on For	m 990 Part X line 2	1 for	ASCYON	orci	istodial account lia	hility?	□ vos	 □ No
b		res," explain the arrange								_	□ NO
	rt V	Endowment Fund		check here if the ex	pianati	on nas	s been	provided in Part 7	111		
Гε	11 C V	Complete if the or		ered "Yes" on Forr	n 990	, Part	IV, li	ine 10.			
				(a) Current year		rior yea		(c) Two years back	(d) Three yea	rs back (e	e) Four years back
<b>1</b> a	Begir	nning of year balance .		15,286,851		14,539	9,232	12,738,655	11,9	970,558	12,188,326
b	Contr	ributions		1,963,288			3,430	2,005,427		725,857	821,152
C	Net in	nvestment earnings, gair	ns, and losses	366,626		1,452	2,677	1,046,381	1,6	572,031	286,426
d	Grant	ts or scholarships									
е		r expenditures for facilition programs	es	1,137,583		1,292	2,941	1,170,730	1,5	542,957	1,252,498
f	Admi	nistrative expenses .	[	88,840		80	),547	80,501		86,834	72,848
g	End c	of year balance	[	16,390,342		15,286	5,851	14,539,232	12,7	738,655	11,970,558
2	Prov	vide the estimated perce	ntage of the currer	nt year end balance (	(line 1g	g, colu	mn (a	)) held as:			
а	Boa	rd designated or quasi-e	ndowment ► 5	6.670 %							
b	Perr	manent endowment ►	37.080 %								
С	Tem	nporarily restricted endo	wment ► 6.25	0 %							
	The	percentages on lines 2a	, 2b, and 2c should	l equal 100%.							
3а		there endowment funds anization by:	not in the possess	ion of the organization	on that	t are h	eld ar	d administered for	the		Yes No
	(i)	unrelated organizations				•				3a(	<del> </del>
		related organizations								3a(i	<del> </del>
b		(es" on 3a(ii), are the re	=	•			.? .			3b	
4		cribe in Part XIII the inte			rnent f	unas.					
Pa	rt VI	Land, Buildings, Complete if the or			n 990	. Part	TV. II	ine 11a. See For	m 990. Pai	rt X. line	10.
	Desc	ription of property	(a) Cost or othe	r basis (b) Cost o							Book value
			(investmen	t)						-	
1a	Land					97	70,001				970,001
		ings					 16,473		2,586,898		4,429,575
		ehold improvements				•			•		· · ·

1,034,953

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

207,407

5,606,983

827,546

Part VII	Investments—Other Securities.				
	Complete if the organization answered "Yes" on F  (a) Description of security or category	orm 990, Part IV, li <b>(b)</b> Book value	ne 11l		Part X, line 12.
	(including name of security)	(b) Book value		. ,	year market value
	al derivatives				
(3) Other _	<u> </u>	2.046.007			-
	nent Issued Securities	2,846,807			F
(B) Corporat	te Bonds	2,393,694			F
(C) Assets R (D)	delated to Pooled Funds	175,947			F
(E)					
(F)					
(G)					
(H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	5,416,448			
Part VIII	<b>Investments—Program Related.</b> Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, li	ne 110	c. See Form 990, I	Part X, line 13.
	(a) Description of investment			(b) Book value	(c) Method of valuation:
					Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		<u> </u>		
T GIT LX	Complete if the organization answered 'Yes' on Fo		ne 11d	. See Form 990, Par	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4) ———					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>
Part X	Other Liabilities.  Complete if the organization answered 'Yes' on Fo	orm 990 Part IV lin	م 11م	or 11f See Form	990 Part V line 25
1.	(a) Description of lia		ic iie	or III.See roili	(b) Book value
(1) Federal (5)	income taxes				
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	788,663
-	or uncertain tax positions. In Part XIII, provide the text of I's liability for uncertain tax positions under FIN 48 (ASC 7		_		

Page 4

10,337,104

243,117

0

Schedule D (Form 990) 2019

2e

3

Subtract line 2e from line 1 . . . . . . . . . . . 3 10,093,987 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines **4a** and **4b** . . . . . . 4c C

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5 10,093,987 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . . 1 9,106,010

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Total revenue, gains, and other support per audited financial statements . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Schedule D (Form 990) 2019

1

2

e

2 Donated services and use of facilities . . . 2a 2b Prior year adjustments . . . . .

2c C 2d 387,148 d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . 2e е

387,148 3 Subtract line 2e from line 1 . . . . . . . . . 3 8,718,862 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b 

Add lines **4a** and **4b** . . . . . . . . . . . . 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . . 5 8.718.862

Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation

See Additional Data Table

chedule D (Form 990) 2019							
Part XIII Supplemental Information (continued)							
Retur	Explanation						

Schedule D (Form 990) 2019

#### **Additional Data**

Software ID:

Software Version: **EIN:** 04-6186012

Name: Unitarian Universalist Service

Explanation

UUSC'S endowment funds support programs with an annual spending rate of 5%.

Committee Inc.

Part V, Line 4:

**Supplemental Information** 

Return Reference

Supplemental Information	
Return Reference	Explanation
Part X, Line 2:	UUSC accounts for the effect of any uncertain tax positions based on a "more likely than n ot" threshold to the recognition of the tax positions being sustained based on the technic al merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecogniz ed tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions. UUSC has identified its tax status as a tax exempt entity and its determination of which income is related and unrelated as its only significant tax positions and has determined that such tax positions do not result in uncertainty requiring recognition. UUSC is not currently under examination by a ny taxing jurisdiction. UUSC's Federal and state income tax returns are generally open for examination for three years after the date of filing.

pplemental Information					
Return Reference	Explanation				
Part XI, Line 2d - Other Adjustments:	Rental expense 387,148. Change in value of split-interest gifts -22,991.				

Sι

upplemental Information				
Return Reference	Explanation			
Part XII, Line 2d - Other Adjustments:	Rental expense 387,148.			

S

SCHEDULE F	Ctot	mont of	\ otivitioo <i>i</i>	Outside the Un	tod S	totos	OMB No. 1545-0047
(Form 990)	► Comp	lete if the organiz	ACTIVITIES ( cation answered " Attach toov/Form990 for i	ine 14b, 1	5, or 16.	2019 Open to Public	
Department of the Treasury Internal Revenue Service							Inspection
Name of the organization Unitarian Universalist Ser	vice					Employer iden	ntification number
Committee Inc	Vice					04-6186012	
	<b>nformation</b> Part IV, line		Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" on
other assistance,	the grantees'	eligibility for th	e grants or assis	substantiate the amoun stance, and the selectior	_		☑ Yes 🗆 No
2 For grantmakers outside the United		Part V the orga	nization's proce	dures for monitoring the	use of it	s grants and ot	her assistance
3 Activites per Region	n. (The followin	ng Part I, line 3 t	able can be dupli	icated if additional space is	s needed.)	1	
(a) Region		<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	ity listed in (d) is a service, describe cific type of (s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data				regiony			
3a Sub-total . b Total from continuat Part I .	ion sheets to	0					558,24
c Totals (add lines 3a	and 3b)	0	0				558,24
,	,				•		,

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	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of noncash	(h) Description of noncash	(i) Method of valuation			

organization	section and EIN (if applicable)	grant	cash grant	cash disbursement	of noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
See Add'l Data							

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . 27 

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	( <b>b)</b> Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sched	dule F (Form 990) 2019		Page <b>4</b>
Par	Toreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	<b>✓</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations. (see Instructions for Form 5471)	☐Yes	<b>☑</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships		
	(see Instructions for Form 8865)	☐Yes	<b>✓</b> No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713; don't file with Form 990)	☐Yes	<b>✓</b> No

Schedule F (F	orm 990) 2019 Page <b>5</b>				
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting namounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to pany additional information. See instructions.					
990 <b>S</b> ched	ule F, Supplemental Information				
Return Reference	Explanation				

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

Part III Accounting Method:

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part II, Line 2:	The number of grantees listed on Part II, Line 2 represents the number of recipient organizations, not the number of grants made.

### **Additional Data**

Central America and the

East Asia and the Pacific

Caribbean

### Software ID: Software Version:

**EIN:** 04-6186012

Name: Unitarian Universalist Service

Committee Inc.

0 Grants to Recipients

0 Grants to Recipients

Located in the Region

Located in the Region

Form 990 Schedule F Par	t I - Activities	outside The	united States

(a) Region		(c) Number of	
	offices in the	employees or	in region (by typ
	region	agents in	fundraising, pr
		region	cervices ara

0

onducted

(f) Total expenditures

for region

159,750

259,757

(e) If activity listed in (d) /pe) (i.e., is a program service, rogram describe specific type of

region

services, grants to service(s) in region recipients located in the region)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the reaion) Europe (Including Iceland & 0 Grants to Recipients 65,233 Greenland) Located in the Region North America 0 Grants to Recipients 73,500 Located in the Region

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Humanitarian 17,000 Wire Transfer land the Assistance lCaribbean. Central America Humanitarian 10.000 Wire Transfer

land the

Caribbean

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Humanitarian 17,750 Wire Transfer land the Assistance lCaribbean. Central America Humanitarian 45.000 Wire Transfer

land the

Caribbean

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Humanitarian 20,000 Wire Transfer land the Assistance lCaribbean. Central America Humanitarian 20,000 Wire Transfer

land the

Caribbean

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (q) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Central America Humanitarian 30,000 Wire Transfer land the Assistance lCaribbean. 25.000 Wire Transfer lEast Asia and lHumanitarian lthe Pacific Assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Humanitarian 25,000 Wire Transfer the Pacific Assistance East Asia and 22.857 Wire Transfer lHumanitarian the Pacific Assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Humanitarian 15,000 Wire Transfer the Pacific Assistance East Asia and 27,950 Wire Transfer lHumanitarian the Pacific Assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Humanitarian 35,010 Wire Transfer the Pacific Assistance East Asia and 25,000 Wire Transfer lHumanitarian the Pacific Assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Humanitarian 25,000 Wire Transfer the Pacific Assistance East Asia and 20,000 Wire Transfer lHumanitarian the Pacific Assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description (b) IRS code (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region cash (book, FMV, non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Humanitarian 3.500 Wire Transfer the Pacific Assistance East Asia and 25,440 Wire Transfer lHumanitarian the Pacific Assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant organization and EIN(if arant non-cash disbursement assistance appraisal, applicable) assistance other) East Asia and Humanitarian 10,000 Wire Transfer Ithe Pacific Assistance Humanitarian 25,000 Wire Transfer lEurope Assistance

# (Includina Iceland &

Greenland)

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (g) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash and EIN(if organization cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) Humanitarian 25,000 Wire Transfer Europe (Includina Assistance Iceland & Greenland) 13.500 Wire Transfer lEurope Humanitarian (Including Assistance Iceland &

(Greenland

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (g) Amount of (f) Manner of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, non-cash cash cash grant organization and EIN(if grant non-cash disbursement assistance appraisal, applicable) assistance other) Humanitarian 1,733 Wire Transfer Europe (Includina Assistance Iceland & Greenland) 20.000 Wire Transfer North America Humanitarian

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of (h) Description l(b) IRS codel (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal, applicable) assistance other) North America Humanitarian 27,000 Wire Transfer Assistance North America Humanitarian 16,500 Wire Transfer Assistance

Form 990 Schedule F Part II - Grants or Entities Outside The United States (i) Method of l(b) IRS code (h) Description (f) Manner of (q) Amount of valuation (d) Purpose of (e) Amount of (a) Name of section (c) Region (book, FMV, cash non-cash organization and EIN(if cash grant grant non-cash disbursement assistance appraisal. applicable) assistance other) North America Humanitarian 10,000 Wire Transfer Assistance

**SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**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.

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

DLN: 93493317014200 OMB No. 1545-0047

2019

Open to Public Inspection

ame of the organization					Employer ide	ntification number
nitarian Universalist Service ommittee Inc					04-6186012	
<b>Fundraising Activities.</b> Complete if Form 990-EZ filers are not required	_			orm 990	, Part IV, line 1	7.
Indicate whether the organization raised funds the	hrough any o	f the fo	llowing activities. Check	all that a	apply.	
a 🗹 Mail solicitations		е	Solicitation of non-	-governn	nent grants	
<b>b</b> 🗹 Internet and email solicitations		f	Solicitation of gove	ernment	grants	
c 🗹 Phone solicitations		g	Special fundraising	events		
<b>d</b> 🗹 In-person solicitations						
Did the organization have a written or oral agree or key employees listed in Form 990, Part VII) o					·	s 🗆 No
b If "Yes," list the 10 highest paid individuals or er to be compensated at least \$5,000 by the organ		aisers) p	pursuant to agreements	under wh		
) Name and address of individual or entity (fundraiser)	(iii) D fundraiser custody control contributi	have or of	(iv) Gross receipts from activity	(or r fundr	mount paid to retained by) alser listed in col. (i)	(vi) Amount paid to (or retained by) organization
Donor Marketing	Yes	No				
Integrated Direct Marketing 1250 Connecticut Ave NW Ste 200		No	0		156,540	
Washington, DC 20036						
otal		•			156,540	
List all states in which the organization is registere licensing.	ed or licensed	to solid	cit contributions or has b	een notif	ied it is exempt f	rom registration or

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

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
٥,	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zied Zied	Sentertainment      Other direct expenses				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
<b></b>	4 Rent/facility costs	No  through 5 in column (d)  t line 7 from line 1, column  tion conducts gaming activities	No	<ul><li>No</li><li> ▶</li><li> ▶</li></ul>	Ves □No
a b	4 Rent/facility costs	through 5 in column (d)  through 5 in column (d)	nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  tion conducts gaming activations activities in each column.	No  nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activaming activities in each column  censes revoked, suspend	No  nn (d)	No	
a b	4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2  8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d)  thine 7 from line 1, column  cion conducts gaming activaming activities in each column  censes revoked, suspend	No  nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>					
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио						
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes							
13	Indicate the percentage of gam	ning activity conducted in:										
а	The organization's facility .			13a			%					
b	An outside facility			13b			%					
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:								
	Name •											
	Address >											
15a			m the organization receives gaming		·   Yes	Пио						
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$	anization 🕨 \$ and	the								
c	If "Yes," enter name and addre	ss of the third party:										
	Name •											
	Address ▶											
16	Gaming manager information:											
	Name 🟲											
	Gaming manager compensation ► \$											
	Description of services provided	d ▶										
	☐ Director/officer	☐ Employee	☐ Independent contractor									
17	Mandatory distributions:											
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио						
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3							
		pt activities during the tax year										
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.					
	Return Reference		Explanation									

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I (Form 990)

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

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

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

OMB No. 1545-0047

DLN: 93493317014200

Open to Public Inspection

Internal Revenue Service							
Name of the organization Unitarian Universalist Service						Employer identific	ation number
Committee Inc						04-6186012	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used						ce, and	☑ Yes ☐ No
2 Describe in Part IV the org							⊻ res ∟ No
Part II Grants and Other that received more	<b>Assistance to Dom</b> than \$5,000. Part II	nestic Organizations a can be duplicated if ad-	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other</li></ul>							28
For Paperwork Reduction Act Notice			<u> </u>	Cat. No. 5005			nedule I (Form 990) 2019
. v. rapelwolk Reduction Act Notic	.e, see uie 1115u uCli0			Cat. NO. 3003	/1	3CP	COMIC I LI OI III 3301 ZULS

Department of the

Treasury

Return Reference Explanation

Each grant has a term limit. At the end of the term, a full narrative and financial report is requested that documents how the funds were used. Monitoring and Part I, Line 2:

levaluation of the project is ongoing throughout the term of the grant. Schedule I (Form 990) 2019

## **Additional Data**

Detriot, MI 48201

Ithaca, NY 14853

Action

Center for Transformative

119 Anabel Taylor Hall

		Software ID: Software Version:	-				
		EIN:	: 04-6186012				
Form 990,Schedule I, Part		: Unitarian Universalis Committee Inc Domestic Organizat		ic Governments.			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Allied Media Projects	01-0559608	501(c)(3)	10,000				Support final

22,000

501(c)(3)

participatory research

Provide Leadership for Transgender Women

Immigrants

Muslim Anti-Racism Coll

organization or government		іг арріісаріе
Allied Media Projects 4126 Third St	01-0559608	501(c)(3)

16-0990318

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

Texas Unitarian Universalist	46-3560205	501(c)(3)	20,000		Support with emergency
Justice Ministry					migrant services in
PO Box 1621					Nuevo Laredo, MX
Austin, TX 78768					

Convening on Climate-

Forced Displacement

501(c)(3) Alaska Institute for Justice 56-2533062 129.720 Support Peoples

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

431 West 7th Ave Suite 208

Anchorage, AK 99501

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

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

789 Washington Ave

Brooklyn, NY 11238

Georgia Latino Alliance For Human Rights 7 Dunwoody Park Suite 110 Atlanta, GA 30338	76-0809155	501(c)(3)	15,000		Support ongoing civic engagement, rights awareness, and orga
Justice in Motion	72-1597864	501(c)(3)	10,000		Transnational support to

migrnat through legal

action

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

82-2708194 501(c)(3) 12.457 Amend.Grant Relief & West Street Recovery 1707 West St Recovery need from Houston, TX 77026 Hurricane Harvey Unitarian Universalist Church FY20 Amendment to No.

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

Tucson, AZ 85711

86-6006433 501(c)(3) 33.500 of Tucson More Deaths Help 4831 E 22nd St support Migrant AZ

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Living Hope Wheelshair 61-1/01210 501/61/21 17 500 Spancar conformed to

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

Garden Grove, CA 92840

Association 9500 Westview Suite 104 Houston, TX 77055	01-1491319	301(0)(3)	17,300		advance LHWA work on Disaster Justice
Activate Labs 12412 Groveview St D	82-2271990	501(c)(3)	20,000		Produce & disseminate information video made

by migrants

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

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

501(c)(3)

Lowlander Center Inc

106 Sandalwood Dr

Gray, CA 70359

46-4993987

Muslim Justice League	47-4049679	501(c)(3)	25,500		Research Criminalization
75 Atlantic Ave					Case Studies Within
Boston, MA 02111	1				Muslim Communities

Support African

American Communities

in NO & Indian Tribe ...

59.210

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Central American Resources 95-3867724 501(c)(3) 15,000 To strengthen the acional TPS

Complition

Center of California 2845 W 7th St Los Angeles, CA 90005					Alianza Nacional TPS through education
Center for Labor Education and	22-2604923	501(c)(3)	8,000		Carry Criminalization

Center for Labor Education and ZZ-Z0U49Z3 201(5)(2)1 0,000 Research Inc Case Studies" Project to

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

375 Center St

Boston, MA 02130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Al Otro Lado Inc 47-2910078 501(c)(3) 6.000 Provide technological

511 E San Ysidro Blvd 333 and infrastructural San Ysidro, CA 92173 support to Al Otro Carrizo Comecrudo Tribe of 75-2830923 501(c)(3) 10.000

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

Floresville, TX 78114

General support in defending Sacred Land Texas 1250 Roemer Ln from Oil Development

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government Center for Social Sustainable 45-3163638 501(c)(3) 7.500l Amendment to WSR @ Center for Social Systems

Love Resists Campaign

211 10th St SW
Albuquerque, NM 87102

Columbia Presbyterian Church 58-0685034 501(c)(3) 18,000

Support Sanctuary 711 Columbia Dr

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

Decatur, GA 30030

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Freedom For Immigrants 80-0875881 501(c)(3) 10.000 Support FFI ongoing

PO Box 40677 San Fransisco, CA 94140		,,,,	,		migrant justice work
Hometown Organizing Project 395 Crestview Circle	84-3699927	501(c)(3)	8,000		Support Alabama's Right to Ressist

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

Alabama's Ressist Campaign & Env Justice Montevallo, AL 35115

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Make The Road New York 11-3344389 501(c)(3) 20.000 To support Make the 301 Grove St Road PA's migrant Brooklyn, NY 11237 liustice work 501(c)(3) 10.000 Support Native and

Indigenous groups MN

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

Minnesota Unitarian Universalist Socila Justice Alliance 900 Mt Curve Ave

Minneapolis, MN 55403

42-1734371

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) 56-1866748 501(c)(3) 20.000 Support the APOYO for Unitarian Universalist congregation of Hillsborough Itheir Love Resists

Immigration justice and

racial justice work

PO BOX 275 Organizing work NC Hillsborough, NC 27279 46-4229880 501(c)(3) 20.000 Support UUJAZs

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

Unitarian Universalist Justice Arizona Network

10400 E Camino Ouince

Tucson, AZ 85748

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) Unitarian Universalist Justice 46-2876652 501(c)(3) 8.000 |Support creation of a Florida storybanking project

PO Box 18954 Hurricane Maria Sarasota, FL 32476

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

Washington, DC 20043

United States Campaign for 27-0843682 501(c)(3) 11.000 Education support to Rohingva refugees Burma PO Box 34126 refugee camp schools

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government New Stories 91-2038316 501(c)(3) 35.000l New Stories Facilit First

924 East Ninth Ave Peoples Convening Spokane, WA 99202 Black Lives Unity Church 83-2287537 501(c)(3) 25.000l

Climate-Forced Donation to Black Lives Unitarian

732 Holly Ave

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

Saint Paul, MN 55413

efil	le GRAPHIC pr	rint - DO NOT PROCESS	As Filed Data	a -	DLN: 9349	3317	014	200
Sch	nedule J	C	ompensati	on Information	ОМВ	No. 1	545-0	)047
(Form 990)		For certain Offic  ▶ Complete if the ore	s. 2	2019				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest information.		en to nspe		
Nar	me of the organiza			Emplo	yer identificatio			
	tarian Universalist Se nmittee Inc	ervice		04-618	6012			
Pa	rt I Questi	ons Regarding Compensa	ation					
	<del></del>					,	Yes	No
1a				the following to or for a person listed on For y relevant information regarding these items				
	First-class	s or charter travel		Housing allowance or residence for persona	l use			
		companions	닏	Payments for business use of personal resid	lence			
		nification and gross-up paymen	_	Health or social club dues or initiation fees				
	☐ Discretion	nary spending account	Ш	Personal services (e.g., maid, chauffeur, ch	er)			
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain		ıb		
2				or allowing expenses incurred by all		2		
	directors, truste	es, officers, including the CEO/	executive Director	r, regarding the items checked on Line 1a? .				
3				d to establish the compensation of the				
				not check any boxes for methods CEO/Executive Director, but explain in Part I:	п.			
	, 	-						
		ation committee ent compensation consultant	<b>⊻</b>	Written employment contract Compensation survey or study				
		of other organizations	✓	Approval by the board or compensation con	nmittee			
		-	_					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the filing org	anization or a			
а	Receive a sever	ance payment or change-of-cor	ntrol payment? .		. <u> </u>	4a		No
b	•		•	fied retirement plan?		4b		No
С	• •		,	sation arrangement?	· · ·	4c		No
	ir res to any c	or lines 4a-c, list the persons an	id provide the app	incable amounts for each item in Part III.				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations	must complete lines 5-9.				
5				the organization pay or accrue any				
	compensation c	ontingent on the revenues of:						
а	=	n?				5a		No
b		anization?				5b		No_
_	•	•	A 1: 41:-1 4					
6	compensation co	ontingent on the net earnings o	f:	the organization pay or accrue any				
a	-	n?				5a		No
b	, ,	anization?			<u> </u>	5b		No_
7	· ·	•	on Aline 15 did 1	the organization provide any nonfixed				
,	payments not d	escribed in lines 5 and 6? If "Ye	es," describe in Pa	rt III		7	Yes	
8	subject to the in	nitial contract exception describ	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe		8		No
9				presumption procedure described in Regulat	ions section	9		
For F	Panerwork Redu	iction Act Notice, see the In	structions for Fo	rm <b>990.</b> Cat. No. 50053T	Schedule J (F	orm 9	990)	2019

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

(A) Name and Title		(B) Breakdowr	n of W-2 and/or 1099-MISC	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
L Mary Katherine Morn President & CEO	(i)	225,274	21,900	0	12,075	17,418	276,667	0
resident st 525	(ii)	0	0	0	0	0	0	0
Rachel Freed /P & CPO	(i)	158,040	4,819	0	14,674	0	177,533	0
1 4 5. 5	(ii)	0	0	0	0	0	0	0
<b>3</b> Mack Davidson /P & CAO	(i)	160,997	4,819	0	14,674	7,556	188,046	0
	(ii)	0	0	0	0	0	0	0
4 Cassandra Ryan /P & CDO	(i)	155,671	4,819	0	17,934	26,923	205,347	0
	(ii)	0	0	0	0	0	0	0
5 Kathleen McTigue Director of AJE	(i)	138,239	7,000	0	16,314	26,923	188,476	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> Quang Nguyen Director of Human Resource	(i)	136,406	2,787	0	15,329	8,269	162,791	0
Director of Human Resource	(ii)	0	0	0	0	0	0	0
7 Carol Cahalane Director of Finance	(i)	128,855	2,589	0	14,451	0	145,895	0
	(ii)	0	0	0	0	0	0	0
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Schedule J (Form 990) 2019	Page <b>3</b>					
Part III Supplemental Information						
Provide the information, explanation, or	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.					
Return Reference	Explanation					
Part I, Line 7	Bonuses were paid to all qualified staff members based upon their annual performance review.					
	Schedule 1 (Form 990) 2019					

DLN: 93493317014200 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** Unitarian Universalist Service 04-6186012 Committee Inc Part I Bond Issues (b) Issuer EIN (c) CUSIP # (f) Description of purpose (h) On (i) Pool (a) Issuer name (d) Date issued (e) Issue price (g) Defeased behalf of financing issuer Yes No Yes No Yes No Mass Development Finance 04-3431814 000000000 05-17-2007 3,500,000 Purchase of Office Building Х Χ Agency **Proceeds** Part  ${f I}$ В C Α D 2 3 3,500,000 5 6 7 47,000 8 9 10 3,453,000 11 12 13 2009 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? . . . . . . . . . . . . . . . . . Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50193E

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . . 

Exception to rebate? . . . . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . 

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

Does the bond issue meet the private security or payment test? . . .

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

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

Enter the percentage of financed property used in a private business use by entities other than

Schedule K (Form 990) 2019

b

C

d

6

8a

Part IV

b

C

Arbitrage

Page **2** 

D

D

Schedule K (Form 990) 2019

No

Yes

Yes

Are there any research agreements that may result in private business use of bond-financed If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

В

No

Yes

Α

Nο

Χ

Χ

0 %

0 %

0 %

В

No

Yes

Χ

Χ

Χ

Α

No

Χ

Χ

Χ

Χ

Χ

Yes

Χ

C

No

Yes

C

No

Yes

Schedule K (Form 990) 2019

period?

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

	Yes	No	Yes	No	Yes	
Were gross proceeds invested in a guaranteed investment contri (GIC)?	act	Х				

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

No

Yes

Yes

Χ

No

Yes

No

Nο

Yes

Page 3

No

D

D

No

Yes

CITIE GRAPHI	C print - DO N	OT PROCES	S As	Filed Data -					DL	.N: 93	4933	17014	200
Schedule L		Tran	sactio	ns with li	ntereste	d Persor	าร			01	MB No.	1545-0	047
(Form 990 or 990	-EZ) ► Compl	ete if the orga	anization 28b, or 2	answered "Yes 28c, or Form 99 ach to Form 99	s" on Form 9 00-EZ, Part V	90, Part IV, li , line 38a or 4	ines 2	5a, 2	25b, 26	5,	<b>20</b>	19	)
Department of the Trea	,	Go to <u>www.ii</u>		<u>rm990</u> for inst			forma	tion.		9	Open t Insp	o Pub ection	
Name of the organization Unitarian Universali Committee Inc								<b>nplo</b> y	•	entifica	ation n		
	ss Benefit Tra	,		. , . , .		,	:)(29)	orgar	nization				
	) Name of disqua			Relationship be					escript			Correc	ted?
				(	organization		_	transaction			Ye	es	No
							_						
4958 3 Enter the ar	mount of tax incu- mount of tax, if a  ans to and/or nplete if the orga- orted an amount  (b) Relationship with organization	ry, on line 2, a  From Inter nization answe on Form 990, I	ested Perced "Yes" Part X, line (d) Loar	nbursed by the cersons. on Form 990-EZ,	organization .	88a, or Form 99	90, Pai	rt IV,	line 26	\$ \$ 5; or if	(i)	anizatio ) Writte reemen	n
			То	From			Yes	No	Yes	No	Yes	No	,
					1								
Total Part III Gra	nts or Assista	nce Benefit	ing Inte		<b>&gt;</b> \$								
	nplete if the org	anization an	swered "	Yes" on Form 9	990. Part IV.	line 27							
		, a				. IIIIe //.					rnoco o	f acciet:	ance
Com	rested person (	<ul> <li>b) Relationship nterested perso organizat</li> </ul>	n and the	(c) Amount	of assistance	(d) Type (	of assi	stanc	e	<b>(e)</b> Pu	i pose o	4331316	
	rested person (	terested perso	n and the	(c) Amount	of assistance	1	of assi	stanc	e	(e) Pu	Tpose o		
Com	rested person (	terested perso	n and the	(c) Amount	of assistance	1	of assi	stanc	e	(e) Pu	Tpose o	4331316	
Com	rested person (	terested perso	n and the	(c) Amount	of assistance	1	of assi	stanc	re	(e) Pu	Tpose o	4331316	

(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Si organiz rever	f ation's
				Yes	No
(1) Family member of Board Member	Family member of Board Member	78,606	Employment		No

Provide additional information for responses to questions on Schedule L (see instructions).

**Return Reference** 

Part V

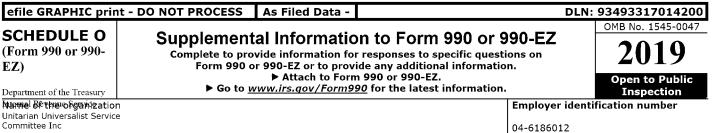
**Supplemental Information** 

Explanation

Schedule I (Form 990 or 990-F7) 2019

DLN: 93493317014200 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Unitarian Universalist Service Committee Inc 04-6186012 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles 7 Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 505,294 Mean Value on Gift Date 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . 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 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page <b>2</b>
is reporting in Part I, col	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
Part I, Column (b):	The number shown in column B represents the total number of gifts of securities.
	Schedule M (Form 990) (2019)



990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1, Description of Organization Mission:	Guided by UU principles and the Universal Declaration of Human Rights, UUSC strives to adv ance human rights, dismantle systems of oppression, and uplift and affirm the inherent wor th and dignity of all people. We center the voices and experiences of those most affected and strengthen those grassroots groups and movements who are organizing themselves to adva noe these goals. In order to accomplish this, we offer justice education and leadership de velopment; engagement and mobilization for advocacy; partner support; and grant funding. U USC aims to leverage our particular strategic assets and strengths to disrupt criminalizat ion and systemic oppression of people based on their identities; support self-determination and defend the rights of people who are or may be forced to leave the places they call h ome due to climate, conflict, or economic hardship, and address the root causes of forced displacement; and respond to humanitarian crises as partners with people whose access to a id is most limited, by helping them to rebuild their lives and by addressing the human rights issues or violations that make them more vulnerable. In all of our work, UUSC and our partners work with the communities most affected by injustice, including: In Burma, all of our partners are focused on protecting the rights of the Rohingya Muslim minority, current by facing a crisis of displacement and a military campaign of genocide. In Mexico and Cen tral America, UUSC's partners work with people who have been displaced from their home cou ntries by state-sanctioned violence, are at risk of being displaced, or who have been repa triated and are in continued danger. In the U.S., our partners work with criminalized popu lations, including undocumented people, those at risk of deportation, and humanitarian aid workers seeking to assist those making the dangerous journey from Mexico to the U.S. bord er. In Alaska and the Pacific, UUSC's partners are advancing and protecting the rights of populations at risk of climate-forced displacement,

Return Reference	Explanation
Form 990, Part I, Line 1, Description of Organization Mission:	uilding a more just, equitable, and regenerative world. These are ambitious goals to be su re. Achieving them will take time, and the work that will make them possible is not always quantifiable or readymade for public consumption. The themes, stories, and outcomes we ch oose to highlight, therefore, are chosen because they help us understand whether or not we are headed toward those long-term, systemic impacts, as we strive to make progress on our human rights goals. We are proud that many of our highlights showcase UUSC's approach: co nsulting with our grassroots partners, frontline communities, and other allies and then leveraging whatever resources we have to make a collective impact on our shared struggle for justice and human rights. In every case, we aim to put our grassroots partners at the cen ter, showing the power of social change when it is led by communities confronting oppressi on and injustice.

Return Reference	Explanation
Form 990, Part III, Line 4a:	Migrant Justice Expenses \$2,852,773 including grants of \$481,296. Revenue: \$20,470 This year, UUSC helped strengthen grassroots movements, addressed immediate harms while working toward systemic solutions, and centered the experiences and wisdom of the communities most impacted by injustice. Below are just a few of the highlights of how we did this, including by: - Supporting a feminist collective to address immediate forms of political violence and pursuing systemic alternatives to the capitalist models of food production that contribute to widespread displacement of peasant farmers in Nicaragua Helping our grassroots partner in Guatemala build a network to accompany and reintegrate Indigenous Mayan youth who have been separated from their families and returned to Guatemala, and how UUSC has supporting ongoing advocacy in Washington, D.C Continuing to combat the Trump administration's racist family separation policies, through advocacy, partner support, and justice education, while working alongside our partners to strengthen an inclusive movement for permanent protections for undocumented immigrants With our partners, allies, and members, contributing to a grassroots movement to expand sanctuary and resist criminalization in the American South Partnering with a grassroots, women-led group in Honduras to strengthen women's organizations from the Afro-Indigenous Garifuna community who are seeking to combat high levels of violence against women and human rights violations resulting from mega tourism projects in the area Providing legal support for the ongoing defense of the defenders of the Guapinol river, who were wrongfully placed in pre-trial imprisonment since September 2019.

Return

Pafaranca

Reference	
Form 990, Part III, Line 4b:	Climate Justice & Environmental Justice Expenses \$2,316,779 including grants of \$390,868. Revenue: \$16,628 - Launching a campaign to defend the "right to resist," including by supporting the Carrizo Comecrudo/Esto'k Gna Tribe of Texas' continued resistance to planned oil and gas pipelines, and the Tribe's ongoing advocacy and litigation against the U.S. government Supporting an alternative" Conference of the Parties ("COP") one by and for Indigenous leaders held alongside the official site of COP 25 Partnering with First and Indigenous communities on path-breaking work to create an alternative narrative of the climate crisis, including the submission of a complaint to the United Nations Special Rapporteur for the Human Rights of Internally Displaced Persons Sponsoring two of our partners from the Pacific to attend COP 25 and contribute their valuable first-hand experience of relocation and the plight of Small Island States to the discussions and to support the Indigenous Peoples Platform, a formal platform for Indigenous peoples to engage with the United Nations Framework.

Explanation

990 Schedule O, Supplemental Information

Return

Reference	
Form 990, Part III, Line 4c:	Crisis Response Expenses \$1,361,752 including grants of \$301,963. Revenue: \$13,949 - Bolstering a youth-led campaign in Florida to tell the story about living in the aftermath of Hurricane Michael, using photography, video, and stories of their own experiences Cultivating and mobilizing a justice and accountability movement in Burma, including by supporting a burgeoning youth-led movement among members of the large Rohingya diaspora community Convening our seven partners in the Balkans region for the purposes of understanding the impact of our response to the Syrian refugee crisis; offering our partners another chance to connect (we convened these same groups once before, in 2017), strategize, and learn from each other; and, at the request of our partners, providing a day-long fundraising training by UUSC's Chief Development Officer.

Explanation

Return Reference	Explanation
Form 990, Part III, Line 4d:	UU College of Social Justice The UU College of Social Justice (UUCSJ) is structured as a p rogram unit of the UUSC, jointly governed by the UUA and UUSC for the benefit of both orga nizations under the terms of a joint operating agreement. UUCSJ's mission is to inspire an d sustain faith-based activism for justice, on issues of local, national and global import ance. We accomplish this through a variety of experiential learning programs, and through workshops and resources designed for use in our UU congregations. Through early March of f iscal year 2020, we offered immersion learning journeys to the Arizona/Mexico border with BorderLinks and No More Deaths; to El Salvador with Cristosal; and to West Virginia with the Southern Appalachian Labor School (SALS). A majority of these programs were designed for r high school youth or for multi-generational groups. Each of our programs utilized our ad ult or youth Study Guides for preparation and follow-up. As of early March, with the begin ning of the pandemic and mandatory closings across the country, UUCSJ suspended all of our in-person programs and workshops, and began the process of developing new forms of online learning to continue fulfilling our mission. We continued our annual collaboration with the UUA on the UU-UNO Spring Seminar, adapting our workshops to an online format. We continued to expand our capacity for congregational trainings and workshops this year, and these too have now been adapted to an online format, as has our work with the UU State Action N etworks (SANs). Building on last year's work with Freedom for Immigrants, in the fall we I aunched a new initiative, the Congregational Accompaniment Program for Asylum Seekers (CAP AS), working with over 25 congregations interested in directly sponsoring a refugee who is in process toward asylum. One of our most important programs in recent years has been our capacity to recruit, screen, and deploy skilled volunteers, especially Spanish speakers, to border regions. These scores of volunteers brought

Return Reference	Explanation
Form 990, Part III, Line 4d:	e continued despite the pandemic shut-downs). Beginning almost immediately with the pandem ic, UUCSJ staff and Program Leaders began experimenting with entirely new online offerings (in addition to adapting in-person versions to an online platform). We have now developed and offered a wide range of Community Action Circles to UU constituents and donors, minis ters and religious educators, and organizers/activists with accompaniment networks, among others. We have developed Centering Circles for religious leaders seeking to adapt their o wn pastoral skills to the needs of online ministry, and are in the early stages of new cur ricula that will advance organizing and activism on the key priority issues of both UUSC and the UUA. All of our programs are supported by the UUCSJ Study Guide for Cross-Cultural Engagement and by adaptations to the Guide for different age groups. They are led by staff and by our Program Leaders, who we support with an annual retreat. Our current cadre of 2 0 Program Leaders includes 13 ministers, seminarians or Directors of Religious Education; 11 are people of color and 8 are fluent Spanish speakers.

990 Schedule O, Supplemental Information

Return

Reference	Explanation
Form 990, Part VI,	The draft of the Form 990 is discussed and reviewed with the audit committee of the Board of Trustees for their comments, input and approval. All the members of the governing body receive either a hard copy or an electronic copy of the Form 990 before it is
Section B,	filed.
line 11b	

Evolunation

990 Schedule O, Supplemental Information

Return Explanation Reference 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.

Part VI. Section B. line 12c

Form 990.

D -4.....

Reference	Explanation
Section B,	The compensation of the President/CEO is determined by the executive committee of the board of trustees, all of whom are independent of the President/CEO. The compensation is determined by reference to comparability data. The President/CEO's compensation is reviewed and potentially adjusted annually upon board approval. The organization maintains contemporaneous documentation of the deliberation and decision. Compensation for other officers is determined by the President/CEO. Such compensation is similarly determined by reference to comparability data.

Funlamation

990 Schedule O, Supplemental Information

Return

Reference	
Part VI,	UUSC makes its governing documents, conflict of interest policy and financial statements available to the public by publishing them on its website. Additionally, the Form 990 and financial statements are available through the Massachusetts Attorney
Section C, line 19	General's website.

Explanation

Return Explanation Reference

Form 990, Change in Value of Split-interest Gifts -22,991.

Part XI, line

efile GRAPHIC print - De	O NOT PROCESS	As Filed Data -										DLN: 93493	317014	200
SCHEDULE R (Form 990)  Department of the Treasury Internal Revenue Service	<b>&gt;</b> (	Related (Complete if the organ	nization ar		s" on Form Form 990.	990, Part	IV, line 33	, 34, 35b,		37.		Open to	19	
Name of the organization Unitarian Universalist Service Committee Inc										loyer identif 186012	ication	n number		
Part I Identification	n of Disregarded E	<b>ntities.</b> Complete it	the orga	nization ansv	vered "Ye	s" on Forn	n 990, Part	: IV, line 3	3.					
Name, address, and	(a) Name, address, and EIN (if applicable) of disregarded entity			(b) Primary a		(c) Legal domicile (state or foreign country)		<b>(d)</b> Total income		(e) End-of-year assets		<b>(f</b> Direct co ent		
	of Related Tax-Ex		<b>ns.</b> Compl	ete if the org	ganization	answered	i "Yes" on	Form 990	, Part I	V, line 34 be	ecause	e it had one or	more	
	(a)  de EIN of related organizat		Prim	<b>(b)</b> ary activity	Legal dom	<b>c)</b> nicile (state n country)	(d) Exempt Cod			(e) harity status on 501(c)(3))	Dii	(f) rect controlling entity	Section (13) cor enti	512(b) ntrolled
													les	No
For Panerwork Peduction A	at Notice can the To-	otuvstions for E	100			at No. 5013	DEV				Cal-	edule P (Form	0007.30	10

Part III Identification of Related Orga one or more related organizations	nizations Taxable as a P s treated as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganizatior	ı answere	d "Ye	es" on Forn	า 990,	Part 1	IV, line 34,	beca	use it	had	
<b>(a)</b> Name, address, and EIN related organization	of	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominincome(relunrelate excluded tax und sections 5	nant Sha ated, total in ed, from er 512-	f) re of ncome	(g) Share of end-of-year assets	Disprop	1) rtionate tions?	(i) Code V-UBI amount in bot 20 of Schedule K-1 (Form 1065)	partner?		<b>(k</b> Percer owner	ntage
					311)				Yes	No		Yes	No		
Part IV Identification of Related Orga because it had one or more related.	nizations Taxable as a C	orporation	or Trus	<b>t.</b> Complet	e if the or	ganizatior ır.	ans	wered "Yes	s" on F	orm 9	990, Part I\	/, line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	L do (state	(c) egal micile or foreign		(d) t controlling entity	(e) Type of ent (C corp, S cc or trust)	ty irp,	<b>(f)</b> Share of total income		(g) e of end- year assets	-of- Perce	h) ntage ership	Se (1	(i) ection 5 .3) cont entit	trolled
(1)Charitable Annuity Trusts (4)	Charitable Annuity Trust		Intry) 4A	UUSC		<b>T</b>							-	<b>Yes</b> Yes	No
(1)Charlable Annulty Trusts (4)	Charitable Affidity Trust	'	'IA	0050		•								res	
(2)Pooled Income Fund (1)	Pooled Income Fund	١	1A	UUSC		Т							`	res	
													$\uparrow$		
														2) 22	

Page **3** 

art V	Transactions with R	elated Organizations.	Complete if the organization answered	res on Form 990,	Part IV, line 34, 35b, or 36.	
NI - 4 -	. Campulaka lima 4 is amu ama	in the line and in Decade II III .	ou TV ( of Alain and adula			

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	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)	<b>1</b> b		No
C	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g		<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
	Exchange of assets with related organization(s)	1i		No
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
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	<b>1</b> s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining an	nount i	nvolved	

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

Part VI 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.

was not a related organization. See instructions regarding exclusion for certain investment partnerships.													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	domicilo	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managing partner?	or g	<b>(k)</b> Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
				_						Schedul	e R (Form	990	)) 2019

Schedule R (Form 990) 2019			
Part VII	Supplemental Info	ormation	
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).	
Retu	ırn Reference	Explanation	