

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2019, or fiscal year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_, 20\_\_\_\_

**2019**▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

Employer identification number

**REFUGEES INTERNATIONAL INC.****52-1224516**

Name and title of officer

**ERIC SCHWARTZ  
PRESIDENT****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <b>3,419,720.</b>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **GELMAN, ROSENBERG & FREEDMAN** to enter my PIN **27555**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**52697498693**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

15270820 745960 27555

2019.04010 REFUGEES INTERNATIONAL INC. 27555\_\_1

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

▶ **Do not enter social security numbers on this form as it may be made public.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <div style="border: 1px solid black; padding: 2px;">REFUGEES INTERNATIONAL INC.</div> <b>Doing business as</b> <div style="border: 1px solid black; padding: 2px;">1800 M ST. NW</div> <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> <div style="border: 1px solid black; padding: 2px;">WASHINGTON, DC 20036</div> <b>City or town, state or province, country, and ZIP or foreign postal code</b> <div style="border: 1px solid black; padding: 2px;">WASHINGTON, DC 20036</div> <b>F Name and address of principal officer:</b> ERIC SCHWARTZ <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	<b>D Employer identification number</b> <div style="border: 1px solid black; padding: 2px;">52-1224516</div> <b>E Telephone number</b> <div style="border: 1px solid black; padding: 2px;">202-828-0110</div> <b>G Gross receipts \$</b> 5,527,987.
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> WWW.REFUGEESINTERNATIONAL.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1980 <b>M State of legal domicile:</b> DC		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ADVOCATE FOR LIFESAVING ASSIST.&amp; PROTECTION FOR DISPLACED PEOPLE AND SOLUTIONS TO DISPLACEMENT CRISES</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	27
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	27
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b>	41
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	45
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b>	0.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	6,321,416.	3,456,873.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	0.	64,528.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	121,496.	143,392.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	-204,941.	-245,073.
		6,237,971.	3,419,720.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	0.	0.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	2,611,808.	2,966,340.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	25,285.	42,935.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 317,325.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	1,097,283.	1,241,249.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	3,734,376.	4,250,524.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	2,503,595.	-830,804.
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) .....	7,126,025.	6,908,331.
	<b>21</b> Total liabilities (Part X, line 26) .....	1,304,699.	1,503,103.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	5,821,326.	5,405,228.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <div style="border: 1px solid black; padding: 2px;">ERIC SCHWARTZ, PRESIDENT</div> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">RICHARD J. LOCASTRO, CPA</div>	Preparer's signature <div style="border: 1px solid black; padding: 2px;"></div>
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	Phone no. (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒

- 1** Briefly describe the organization's mission:  
**REFUGEES INTERNATIONAL (RI) ADVOCATES FOR LIFESAVING ASSISTANCE AND PROTECTION FOR DISPLACED PEOPLE AND PROMOTES SOLUTIONS TO DISPLACEMENT CRISES.**
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☒ Yes ☐ No  
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
- 4a** (Code: ) (Expenses \$ 2,635,197. including grants of \$ ) (Revenue \$ 64,528.)  
**ADVOCACY:**  
**IN ORDER TO MAINTAIN ITS INDEPENDENCE, RI DOES NOT ACCEPT FUNDING FROM ANY GOVERNMENT OR FROM THE UNITED NATIONS. THIS ALLOWS US TO ADVOCATE FOR THOSE DISPLACED BY CONFLICT AND NATURAL DISASTERS WITHOUT CONCERN OF REPERCUSSIONS.**  
  
**AS THE NUMBER OF PEOPLE FORCIBLY DISPLACED FROM THEIR HOMES SURPASSES THE HIGHEST LEVELS EVER RECORDED, BORDERS ARE CLOSING, POLITICAL RHETORIC DEMONIZES AND REJECTS THE DISPLACED, AND HUMANITARIAN CRISES ARE CHRONICALLY UNDERFUNDED. FOR THESE VERY REASONS, REFUGEES INTERNATIONAL HAS DOUBLED DOWN ON OUR MISSION TO ADVOCATE FOR THE WELL-BEING OF DISPLACED COMMUNITIES. OVER THE LAST YEAR, OUR TEAMS**
- 4b** (Code: ) (Expenses \$ 934,249. including grants of \$ ) (Revenue \$ )  
**PUBLIC EDUCATION:**  
**REFUGEES INTERNATIONAL ENGAGED IN A WIDE RANGE OF PUBLIC EDUCATION ACTIVITIES AND INITIATIVES THROUGHOUT 2019. THE ORGANIZATION ISSUED 28 MAJOR RESEARCH REPORTS BASED ON FACT-FINDING MISSIONS TO TURKEY, COLOMBIA, TRINIDAD AND TOBAGO, THE CENTRAL AFRICAN REPUBLIC, SYRIA, CURACAO, BANGLADESH, MYANMAR, CAMEROON, ECUADOR, MOZAMBIQUE AND ZIMBABWE, ETHIOPIA, SOUTH SUDAN, MALI, MEXICO, AND THE U.S. SOUTHERN BORDER, TO NAME A FEW. IN ADDITION, REFUGEES INTERNATIONAL'S EXPERTS AUTHORED 43 PUBLIC STATEMENTS, 68 BLOG POSTS, AND 22 OP-EDS ON ISSUES CONCERNING REFUGEES AND DISPLACED PEOPLE GLOBALLY.**  
  
**IN ADDITION, REFUGEES INTERNATIONAL ALSO EARNED CONSIDERABLE MEDIA**
- 4c** (Code: ) (Expenses \$ 127,725. including grants of \$ ) (Revenue \$ )  
**STRATEGIC OUTREACH:**  
**WHILE THE MAJORITY OF AMERICANS BELIEVE THAT THEIR COUNTRY SHOULD BE A PLACE OF REFUGE, GOVERNMENT POLICIES TOWARD REFUGEES AND ASYLUM SEEKERS HAVE DETERIORATED IN RECENT YEARS. TO HELP RESPOND TO THESE TRENDS, RI JOINED A COALITION OF PARTNERS IN DEVELOPING AN INITIATIVE TO GROW THE GRASSROOTS AND GRASSTOPS CONSTITUENCY FOR REFUGEE PROTECTION AND SUPPORT IN AMERICA.**  
  
**RI BROUGHT VICE PRESIDENT OF STRATEGIC OUTREACH, CINDY HUANG, ON BOARD IN 2019 TO LEAD THIS INITIATIVE, CALLED THE REFUGEE ADVOCACY LAB. IT SEEKS TO CREATE PUBLIC GOODS FOR THE REFUGEE ADVOCACY COMMUNITY THROUGH THREE MAIN ACTIVITIES: STRATEGIC COMMUNICATIONS RESEARCH, INCREASING**
- 4d** Other program services (Describe on Schedule O.)  
 (Expenses \$ including grants of \$ ) (Revenue \$ )
- 4e** Total program service expenses **3,697,171.**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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, Part I</i>	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b> X	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>21</b>	X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
<b>24a</b> 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		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>b</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		X
<b>26</b> 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		X
<b>27</b> 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? If "Yes," complete Schedule L, Part III		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
<b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> 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		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> 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>2a</b> 41		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b> X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b> 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)?	<b>4a</b>	X
<b>b</b> 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).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b> 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?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> 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?	<b>7a</b> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b> X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 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?	<b>8</b> N/A	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b> N/A	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b> N/A	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b> N/A	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b> N/A	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b> N/A	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state?	<b>13a</b> N/A	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b> 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?	<b>15</b>	X
If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2019)

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	27			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent		27		
<b>2</b> 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			X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
<b>6</b> Did the organization have members or stockholders?	6			X
<b>7a</b> 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			X
<b>b</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			X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	8a		X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b		X	
<b>9</b> 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? If "Yes," provide the names and addresses on Schedule O	9			X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> 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	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **CA, FL, IL, MA, MD, NJ, NY, VA**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on 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 **ERIC SCHWARTZ - 202-828-0110**  
**1800 M ST. NW, NO. 405N, WASHINGTON, DC 20036**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFREY TINDELL CO-CHAIR	25.00	X		X				0.	0.	0.
(2) NATACHA WEISS CO-CHAIR	20.00	X		X				0.	0.	0.
(3) JOANNE LEEDOM-ACKERMAN VICE CO-CHAIR	2.00	X		X				0.	0.	0.
(4) DARYA NASR VICE CO-CHAIR	0.83	X		X				0.	0.	0.
(5) VAITHEHI MUTTULINGAM TREASURER	3.00	X		X				0.	0.	0.
(6) TATIANA MAXWELL SECRETARY	10.00	X		X				0.	0.	0.
(7) JOY LIAN ALFERNESS DIRECTOR	11.00	X						0.	0.	0.
(8) SARAH BACON DIRECTOR	3.00	X						0.	0.	0.
(9) MICHAEL BERKMAN DIRECTOR	1.00	X						0.	0.	0.
(10) JODI BOND DIRECTOR	0.50	X						0.	0.	0.
(11) MARIANNE D'ANSEMBOURG DIRECTOR	3.00	X						0.	0.	0.
(12) MATT DILLON DIRECTOR	3.00	X						0.	0.	0.
(13) SOPHAL EAR DIRECTOR	2.00	X						0.	0.	0.
(14) ELIZABETH GALVIN DIRECTOR	3.00	X						0.	0.	0.
(15) AMBASSADOR L. CRAIG JOHNSTONE DIRECTOR	1.00	X						0.	0.	0.
(16) FARAH KATHWARI DIRECTOR	2.00	X						0.	0.	0.
(17) BETTY KING DIRECTOR	1.50	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ELENA KVOCHKO DIRECTOR	3.00	X						0.	0.	0.
(19) ANDREA LARI DIRECTOR	0.50	X						0.	0.	0.
(20) MICHAEL MADNICK DIRECTOR	0.50	X						0.	0.	0.
(21) ROY MATHEW DIRECTOR	0.50	X						0.	0.	0.
(22) QUEEN NOOR DIRECTOR	0.10	X						0.	0.	0.
(23) DEMET LEE OGER DIRECTOR	0.33	X						0.	0.	0.
(24) NINA SAGLIMBENI DIRECTOR	8.00	X						0.	0.	0.
(25) GEORGE VALANOS DIRECTOR	0.42	X						0.	0.	0.
(26) JAN WEIL DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								896,771.	0.	94,058.
<b>d Total (add lines 1b and 1c)</b>								896,771.	0.	94,058.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

5

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) P. MAUREEN WHITE DIRECTOR	0.10	X						0.	0.	0.
(28) RACHEL PEARSON DIRECTOR (THRU 6/19)	0.30	X						0.	0.	0.
(29) ERIC SCHWARTZ PRESIDENT	40.00			X				287,898.	0.	34,271.
(30) JOSEPH HARDIN LANG VP PROGRAMS AND POLICY	40.00				X			173,622.	0.	11,397.
(31) LISA CANTU-PARKS VP OF PHILANTHROPY	40.00				X			180,209.	0.	22,528.
(32) ANDREA DICKERSON DIR. OF FINANCE & OPERATIONS	40.00					X		141,653.	0.	14,200.
(33) ANN HOLLINGSWORTH DIRECTOR OF GOVERNMENT & SR. POLICY	40.00					X		113,389.	0.	11,662.
Total to Part VII, Section A, line 1c								896,771.		94,058.

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b>	Federated campaigns .....	<b>1a</b> 84,834.				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b> 968,033.				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 2,404,006.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 78,984.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....					
<b>Program Service Revenue</b>	<b>2 a</b>	CONTRACTS	<b>Business Code</b> 900099	64,528.	64,528.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		64,528.			
	<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		119,454.		
<b>4</b>		Income from investment of tax-exempt bond proceeds .....					
<b>5</b>		Royalties .....					
<b>6 a</b>		Gross rents .....	(i) Real (ii) Personal				
<b>b</b>		Less: rental expenses ...					
<b>c</b>		Rental income or (loss) .....					
<b>d</b>		Net rental income or (loss) .....					
<b>7 a</b>		Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
<b>b</b>		Less: cost or other basis and sales expenses .....					
<b>c</b>		Gain or (loss) .....					
<b>d</b>		Net gain or (loss) .....		23,938.		23,938.	
<b>8 a</b>		Gross income from fundraising events (not including \$ 968,033. of contributions reported on line 1c). See Part IV, line 18 .....		83,000.			
<b>b</b>		Less: direct expenses .....		328,073.			
<b>c</b>		Net income or (loss) from fundraising events .....		-245,073.		-245,073.	
<b>9 a</b>		Gross income from gaming activities. See Part IV, line 19 .....					
<b>b</b>	Less: direct expenses .....						
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>b</b>	Less: cost of goods sold .....						
<b>c</b>	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b>		<b>Business Code</b>				
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
	<b>12</b>	<b>Total revenue.</b> See instructions .....		3,419,720.	64,528.	0.	-101,681.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	709,925.	554,750.	45,589.	109,586.
<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	1,804,026.	1,627,063.	115,688.	61,275.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	99,996.	90,009.	5,095.	4,892.
<b>9</b> Other employee benefits	165,394.	157,359.	4,681.	3,354.
<b>10</b> Payroll taxes	186,999.	176,322.	5,750.	4,927.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	21,176.		21,176.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17	42,935.			42,935.
<b>f</b> Investment management fees	27,158.	23,586.	1,822.	1,750.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	185,789.	179,911.	2,905.	2,973.
<b>12</b> Advertising and promotion	6,026.	5,242.	18.	766.
<b>13</b> Office expenses	76,214.	60,218.	2,464.	13,532.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	334,993.	290,968.	22,454.	21,571.
<b>17</b> Travel	267,395.	264,391.	390.	2,614.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	31,759.	30,481.	163.	1,115.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	14,538.	12,626.	975.	937.
<b>23</b> Insurance	75,139.	71,884.	1,660.	1,595.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a DUES &amp; SUBSCRIPTIONS</b>	91,209.	67,723.	554.	22,932.
<b>b EQUIPMENT</b>	23,919.	21,909.	1,025.	985.
<b>c STAFF TRAINING &amp; DEV.</b>	15,721.	15,164.	203.	354.
<b>d TAXES</b>	4,620.	4,012.	310.	298.
<b>e All other expenses</b>	65,593.	43,553.	3,106.	18,934.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	4,250,524.	3,697,171.	236,028.	317,325.
<b>26 Joint costs.</b> 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)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	323,417.	<b>1</b>	555,278.
	<b>2</b> Savings and temporary cash investments .....	72,086.	<b>2</b>	314,203.
	<b>3</b> Pledges and grants receivable, net .....	2,750,061.	<b>3</b>	2,071,975.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	78,420.	<b>9</b>	48,716.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 99,774.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 39,171.	<b>10c</b>	60,603.
	<b>11</b> Investments - publicly traded securities .....	3,839,797.	<b>11</b>	3,791,589.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	20,375.	<b>15</b>	65,967.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	7,126,025.	<b>16</b>	6,908,331.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	205,924.	<b>17</b>	260,881.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,098,775.	<b>25</b>	1,242,222.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,304,699.	<b>26</b>	1,503,103.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>		
<b>27</b> Net assets without donor restrictions .....		2,809,030.	<b>27</b>	2,986,954.
<b>28</b> Net assets with donor restrictions .....		3,012,296.	<b>28</b>	2,418,274.
<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
<b>29</b> Capital stock or trust principal, or current funds .....			<b>29</b>	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>30</b>	
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> .....		5,821,326.	<b>32</b>	5,405,228.
<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....		7,126,025.	<b>33</b>	6,908,331.

Form 990 (2019)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,419,720.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,250,524.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-830,804.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	5,821,326.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	414,706.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,405,228.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,414,627.	3,584,262.	4,392,822.	6,434,166.	3,456,873.	21,282,750.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,414,627.	3,584,262.	4,392,822.	6,434,166.	3,456,873.	21,282,750.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						6,475,986.
<b>6 Public support.</b> Subtract line 5 from line 4.						14,806,764.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	3,414,627.	3,584,262.	4,392,822.	6,434,166.	3,456,873.	21,282,750.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	51,185.	57,022.	76,656.	111,780.	119,454.	416,097.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	-1,020.					-1,020.
<b>11 Total support.</b> Add lines 7 through 10 .....						21,697,827.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	64,528.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	68.24 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	66.22 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> 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> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <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.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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).		
<b>2</b>		
<b>3</b> 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.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> 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</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>2a</b>			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in <b>Part VI</b> .			
<b>3a</b>			
<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.			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2019

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2019 from Section C, line 6	
<b>10</b>	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
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> 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			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> 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. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

## 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 B

(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

## Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2019

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
REFUGEES INTERNATIONAL INC.	52-1224516

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 303,355.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 417,498.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 115,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 70,909.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 123,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
REFUGEES INTERNATIONAL INC.	52-1224516

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 650,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

52-1224516

## Part II

[illegible]

Name of organization	Employer identification number
<b>REFUGEES INTERNATIONAL INC.</b>	<b>52-1224516</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

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

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

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ 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-.

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	0.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	786.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	786.													
<b>d</b> Other exempt purpose expenditures .....	4,249,738.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	4,250,524.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	362,526.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	90,632.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	304,360.	328,357.	352,603.	362,526.	1,347,846.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					2,021,769.
<b>c</b> Total lobbying expenditures		3,263.	1,873.	786.	5,922.
<b>d</b> Grassroots nontaxable amount	76,090.	82,089.	88,151.	90,632.	336,962.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					505,443.
<b>f</b> Grassroots lobbying expenditures		49.	112.		161.

Schedule C (Form 990 or 990-EZ) 2019



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition d ☐ Loan or exchange program  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future 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? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	145,751.	154,246.	144,591.	140,633.	141,965.
b Contributions	187,503.				
c Net investment earnings, gains, and losses	20,169.	-4,833.	13,215.	7,636.	-1,332.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,705.	3,662.	3,560.	3,678.	
f Administrative expenses					
g End of year balance	349,718.	145,751.	154,246.	144,591.	140,633.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ .00 %  
 b Permanent endowment ☐ 82.21 %  
 c Term endowment ☐ 17.79 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations  
 (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		86,789.	39,171.	47,618.
e Other		12,985.		12,985.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				60,603.

Schedule D (Form 990) 2019



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION LIABILITY	1,056,588.
(3) DEFERRED RENT	31,712.
(4) REFUNDABLE ADVANCE	153,922.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,242,222.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... ☒

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	4,412,482.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	414,706.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	277,141.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	328,073.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,019,920.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	3,392,562.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	27,158.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	27,158.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	3,419,720.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	4,828,580.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	277,141.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	328,073.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	605,214.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,223,366.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	27,158.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	27,158.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,250,524.

**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.

**PART V, LINE 4:**

ENDOWMENT FUNDS ARE FOR THE PURPOSE OF FURTHERING THE PROGRAMMATIC MISSION OF THE ORGANIZATION. THE CORPUS IS REQUIRED TO BE INVESTED IN PERPETUITY WITH THE INCOME AVAILABLE TO SUPPORT THE PURPOSE SPECIFIED BY THE DONOR.

**PART X, LINE 2:**

FOR THE YEAR ENDED DECEMBER 31, 2019, REFUGEES INTERNATIONAL, INC. HAS DOCUMENTED ITS CONSIDERATION OF FINANCIAL ACCOUNTING STANDARDS BOARD ASC 740-10, INCOME TAXES, AND DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information *(continued)*

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES RECORDED AS EXPENSES ON 328,073.

FINANCIAL STATEMENT AND NETTED AGAINST REVENUE ON

PART VIII, LINE 8B

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES RECORDED AS EXPENSES ON 328,073.

FINANCIAL STATEMENT AND NETTED AGAINST REVENUE ON

PART VIII, LINE 8B

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND CARRIBEAN	0	0	PROGRAM SERVICE ACTIVITIES	MISSION IN THE REGION	6,932.
SOUTH ASIA	0	3	PROGRAM SERVICE ACTIVITIES	MISSION IN THE REGION	18,449.
MIDDLE EAST AND NORTH AFRICA	0	4	PROGRAM SERVICE ACTIVITIES	MISSION IN THE REGION	39,285.
SOUTH AMERICA	0	2	PROGRAM SERVICE ACTIVITIES	MISSION IN THE REGION	38,760.
NORTH AMERICA	0	1	PROGRAM SERVICE ACTIVITIES	MISSION IN THE REGION	1,795.
SUB-SAHARAN AFRICA	0	4	PROGRAM SERVICE ACTIVITIES	MISSION IN THE REGION	98,638.
EUROPE	0	2	PROGRAM SERVICE ACTIVITIES	MISSION IN THE REGION	8,685.
<b>3 a Subtotal</b> .....	0	16			212,544.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	16			212,544.

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

Schedule F (Form 990) 2019

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

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

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

**3** Enter total number of other organizations or entities .....



**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☐ Yes ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ 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 ☒ No

Schedule F (Form 990) 2019

## Part V

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



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

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

**▶ Attach to Form 990 or Form 990-EZ.**

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

2019

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
- b ☒ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☒ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☒ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes☐ **No**

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SARAH B. WATKINS - 2020 12TH STREET, N.W., #309,	WRITE GRANT PROPOSALS & REPORTS		X	0.	32,935.	-32,935.
BTC REVOLUTIONS - 304 ARLINGTON RD, BROOKVILLE, OH	2019 WORLD REFUGEE DAY, 2019 PLAN AND ACTIVATION		X	0.	10,000.	-10,000.
<b>Total</b>					42,935.	-42,935.

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

CA, FL, IL, NY, MA, MD, VA, CT, WY, WA, NJ

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL DINNER (event type)	NY CIRCLE (event type)	NONE (total number)	
Revenue	1 Gross receipts .....	820,671.	230,362.		1,051,033.
	2 Less: Contributions .....	770,671.	197,362.		968,033.
	3 Gross income (line 1 minus line 2) .....	50,000.	33,000.		83,000.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	72,513.	69,910.		142,423.
	7 Food and beverages .....	75,640.	0.		75,640.
	8 Entertainment .....	11,417.	2,356.		13,773.
	9 Other direct expenses .....	75,650.	20,587.		96,237.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				328,073.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-245,073.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
Direct Expenses	2 Cash prizes .....				
	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: SARAH B. WATKINS

(I) ADDRESS OF FUNDRAISER:

2020 12TH STREET, N.W., #309, WASHINGTON, DC 20009

(I) NAME OF FUNDRAISER: BTC REVOLUTIONS

(I) ADDRESS OF FUNDRAISER: 304 ARLINGTON RD, BROOKVILLE, OH 45309

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
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[illegible]

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 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 instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ERIC SCHWARTZ PRESIDENT	(i)	287,898.	0.	0.	11,200.	23,071.	322,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH HARDIN LANG VP PROGRAMS AND POLICY	(i)	170,622.	3,000.	0.	703.	10,694.	185,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA CANTU-PARKS VP OF PHILANTHROPY	(i)	180,209.	0.	0.	7,208.	15,320.	202,737.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANDREA DICKERSON DIR. OF FINANCE & OPERATIONS	(i)	138,653.	3,000.	0.	2,191.	12,009.	155,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

JOSEPH HARDIN LANG AND ANDREA DICKERSON EACH RECEIVED A BONUS OF \$3,000.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

- ▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

**Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	12	78,984.	
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( .....				
26 Other ▶ ( .....				
27 Other ▶ ( .....				
28 Other ▶ ( .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

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 purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2019



## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number  
52-1224516

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2019, THE ORGANIZATION CREATED A NEW PROGRAM KNOWN AS "STRATEGIC  
OUTREACH."

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCREASED THE PACE OF OUR ACTIVITIES, CONDUCTING 27 FIELD-BASED  
FACT-FINDING MISSIONS TO EXPOSE ATROCITIES, RAISE THE ALARM ON  
UNDERREPORTED CRISES, CONFRONT CLIMATE DISPLACEMENT, OPPOSE THE  
WORLDWIDE ASSAULT ON REFUGEE PROTECTION AND ASYLUM, CHAMPION THE RIGHTS  
OF DISPLACED WOMEN AND GIRLS, AND PROMOTE SUSTAINABLE SOLUTIONS. FROM  
GREECE AND TURKEY TO SOUTH SUDAN AND BEYOND, OUR ADVOCATES HAVE HEARD  
THE STORIES OF THE DISPLACED AND HAVE CARRIED THEIR VOICES TO THE HALLS  
OF POLITICAL POWER TO ADVOCATE ON THEIR BEHALF.

WE ARE FACING UNPRECEDENTED CHALLENGES, BUT RI HAS SEEN FIRSTHAND  
THROUGH OUR WORK THAT PROGRESS IS POSSIBLE. WE HAVE SEEN ROHINGYA CIVIL  
SOCIETY LEADERS ADVOCATE FOR THEIR COMMUNITIES IN BANGLADESH, THE  
TRANSFORMATIVE POWER OF LIVELIHOOD PROGRAMMING IN JORDAN, AND MEASURED  
STEPS TOWARDS PEACE IN SOUTH SUDAN. RI IDENTIFIED THE GAPS IN  
ASSISTANCE FOR PEOPLE WHO WERE FORCED TO FLEE THEIR HOMES, AND THEN  
ADVOCATED WITH POWERFUL INSTITUTIONS-INCLUDING THE U.S. GOVERNMENT, THE  
U.S. CONGRESS, AND THE UNITED NATIONS-TO ENSURE THAT THEY FULFILL THEIR  
RESPONSIBILITY TO ACT ON BEHALF OF THE MOST VULNERABLE AND NEGLECTED  
PEOPLE ACROSS THE GLOBE. WE MADE TARGETED, ACTIONABLE RECOMMENDATIONS  
TO THOSE POLICY MAKERS WITH THE POWER TO MAKE A DIFFERENCE.

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

**MAIN OUTCOMES**

OVER THE PAST YEAR, REFUGEES INTERNATIONAL ACHIEVED THE FOLLOWING AS A  
RESULT OF OUR MISSIONS AROUND THE WORLD:

**IMPACT****RAISING THE ALARM ON UNDERREPORTED CRISES****CENTRAL AFRICAN REPUBLIC (CAR):**

RI PRODUCED A REPORT ON THE CENTRAL AFRICAN REPUBLIC (CAR), WHICH  
ASSESSED THE WORK BEING DONE BY HUMANITARIAN WORKERS AND UN  
PEACEKEEPERS TO PROVIDE FOR AND PROTECT THE COUNTRY'S VULNERABLE  
CITIZENS. WHILE CONDUCTING FIELD RESEARCH IN BANGUI, PAOUA, AND  
BANGASSOU, RI WITNESSED THE MANY CHALLENGES FACED BY UN AGENCIES, NGOS  
AND THE PEACEKEEPING MISSION. RI'S REPORT, OP-ED IN THE FAIR OBSERVER,  
AND MEMO TO THE HEAD OF THE UN PEACEKEEPING MISSION PROVIDED A ROADMAP  
FOR ADDRESSING BOTH HUMANITARIAN AND POLITICAL CHALLENGES. THEY  
RECOMMENDED SIGNIFICANT CHANGES TO THE WAY THE UN IS DOING ITS  
WORK--INCLUDING MUCH STRONGER EFFORTS TO PREVENT PREMATURE RETURNS OF  
INTERNALLY DISPLACED PERSONS. HUMANITARIAN ACTORS HAVE ALREADY  
IMPLEMENTED SOME OF THE RECOMMENDATIONS ON PREMATURE RETURNS. DIPLOMATS  
HAVE USED THE REPORT TO ENGAGE WITH SENIOR GOVERNMENT OFFICIALS IN CAR.

**CAMEROON:**

RI TRAVELED TO CAMEROON TO LOOK AT THE ONGOING CRISIS IN THE COUNTRY'S  
ANGLOPHONE REGIONS. SINCE THEN, THERE HAS REGRETTABLY BEEN LITTLE TO NO  
INCREASED INTERNATIONAL ENGAGEMENT--WHETHER IT BE POLITICAL OR  
HUMANITARIAN--TO HELP RESOLVE THE CRISIS. WITH GOVERNMENT FORCES

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

INCORRECTLY ASSUMING MOST CIVILIANS SUPPORT THE ANGLOPHONE SEPARATIST GROUPS, AND THESE VERY GROUPS ATTACKING PEOPLE WHO HAVE NOT JOINED THE FIGHT, CIVILIANS ARE TRAPPED AND FACE ARBITRARY DETENTION, TORTURE, AND THE DESTRUCTION OF THEIR HOMES. AS A RESULT, THOUSANDS OF CAMEROONIANS HAVE SINCE FLED TO ECUADOR AND MADE THEIR WAY TO THE SOUTHERN BORDER OF THE UNITED STATES. IN JULY 2019, RI TRAVELED TO TIJUANA TO MEET SOME OF THE CAMEROONIANS WAITING TO CROSS INTO THE UNITED STATES. RI'S OP-ED IN THE HILL NEWSPAPER HIGHLIGHTED THE TRUMP ADMINISTRATION'S APPALLINGLY CONTRADICTORY APPROACH TO THE CRISIS. WHILE THE UNITED STATES HAS ACKNOWLEDGED HUMAN RIGHTS VIOLATIONS IN CAMEROON--HAVING CUT TIES WITH CAMEROONIAN FORCES EARLIER THIS YEAR, AND PASSED RESOLUTION 358 IN THE HOUSE OF REPRESENTATIVES--THERE HAS BEEN NO SIGNIFICANT INCREASE OF HUMANITARIAN ASSISTANCE. MOREOVER, ASYLUM-SEEKERS WAIT IN MEXICO FOR THREE TO SIX MONTHS BEFORE THEY ARE CALLED TO THE BORDER FOR THEIR "CREDIBLE FEAR" INTERVIEWS AND MANY HAVE ALREADY BEEN DEPORTED BACK TO CAMEROON. RI IS WORKING WITH OTHER HUMANITARIAN ORGANIZATIONS TO COORDINATE ADVOCACY EFFORTS FOR A MORE COHESIVE AND EFFECTIVE U.S. RESPONSE TO THE WORSENING CRISIS.

#### UNPRECEDENTED CYCLONES IN MOZAMBIQUE AND ZIMBABWE:

IN MAY AND JUNE 2019, RI TRAVELED TO MOZAMBIQUE AND ZIMBABWE TO ASSESS THE ONGOING RELIEF, RECOVERY, AND DISASTER-PREPAREDNESS EFFORTS IN THE WAKE OF BACK-TO-BACK CYCLONES IN SOUTHERN AFRICA. THE TWO STORMS DESTROYED OVER 2 MILLION ACRES OF CROPS, PRIMARILY ACROSS MUCH OF CENTRAL MOZAMBIQUE, JUST AS THE MAIN HARVEST SEASON WAS BEGINNING. MUCH OF THE DESTROYED FARMLAND WAS COVERED IN MUD AND SAND, MAKING IT DIFFICULT TO PREPARE FOR THE NEXT MAIN PLANTING SEASON, WHICH USUALLY BEGINS IN NOVEMBER. IN ZIMBABWE, THOUGH CYCLONE IDAI AFFECTED A SMALLER

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

AREA, THE DAMAGE EXACERBATED AN ONGOING, COUNTRYWIDE FOOD SECURITY CRISIS. RI ADVOCATED FOR RESOURCES TO PREVENT A LONGER-TERM FOOD CRISIS, AS WELL AS FOR THE IMPLEMENTATION OF MORE ROBUST DISASTER RISK REDUCTION MEASURES.

ADVOCATING FOR THE DISPLACED IN ARMED CONFLICT: ARMED CONFLICT IS ONE OF THE MOST SIGNIFICANT AND DEADLY DRIVERS OF GLOBAL DISPLACEMENT. IN 2019, REFUGEES INTERNATIONAL DEPLOYED TEAMS TO AREAS RAVAGED BY ARMED CONFLICT--FROM SOUTH SUDAN TO SYRIA--TO ADVOCATE FOR THOSE WHO HAVE BEEN DISPLACED BY THE HORRORS OF WAR AND INSURGENCY.

#### MALI:

IN SEPTEMBER 2019, RI TRAVELED TO MALI AND BURKINA FASO TO LOOK AT THE HUMANITARIAN NEEDS AND DISPLACEMENT RESULTING FROM THE SPILLOVER OF ARMED GROUPS AND INTERCOMMUNAL VIOLENCE FROM MALI INTO BURKINA FASO. CONFLICT AND DISPLACEMENT HAVE MIRED MALI SINCE EARLY 2012, WHEN ARMED GROUPS IN THE MARGINALIZED NORTHERN REGIONS TOOK OVER SWATHS OF LAND. THEN, CITING THE GOVERNMENT'S FAILURE TO EFFECTIVELY SQUASH THE REBELLION, FRUSTRATED SOLDIERS OVERTHREW THE PRESIDENT. SECURITY INTERVENTIONS HAVE SINCE RESTORED SOME PEACE AND GOVERNMENT CONTROL, BUT THE COUNTRY'S NORTHERN AND CENTRAL REGIONS REMAIN TRAPPED IN CYCLES OF VIOLENCE. AS INSURGENT VIOLENCE IN THE NORTH WAGES ON, GROUPS HAVE SPREAD INTO CENTRAL MALI AND NORTHEASTERN BURKINA FASO OVER THE LAST TWO YEARS. THERE, THEY HAVE EXACERBATED INTER-COMMUNAL TENSIONS AND DISSATISFACTION WITH THE GOVERNMENT TO DIVIDE COMMUNITIES AND BREED VIOLENCE. THESE EVENTS HAVE LED TO MASSIVE DISPLACEMENT. THE RESULTING RI REPORTS RECOMMENDED WAYS TO IMPROVE THE EFFECTIVENESS OF AID DELIVERY THAT OVERCOMES THE DWINDLING INTERNATIONAL INTEREST ON THE

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

MALI CRISIS AND THE OBSTACLES OF LAUNCHING A NEW INTERNATIONAL HUMANITARIAN RESPONSE AS BURKINA FASO COMES TO TERMS WITH THE ONSET OF ITS FIRST CRISIS OF THIS MAGNITUDE.

SOUTH SUDAN:

AS ONE-THIRD OF THE PRE-WAR POPULATION OF SOUTH SUDAN REMAINS FORCIBLY DISPLACED, REFUGEES INTERNATIONAL WORKED TO DRAW ATTENTION TO THE FRAGILITY OF THE CURRENT PEACE AGREEMENT AND THE ONGOING HUMANITARIAN CRISIS. A KEY RECOMMENDATION FROM RI'S REPORT WAS TO PREVENT PREMATURE RETURNS OF SOUTH SUDANESE, PARTICULARLY FROM THE UN-RUN PROTECTION OF CIVILIAN (POC) SITES. RI ADVOCACY, INCLUDING DIRECT ENGAGEMENT WITH THE UN SPECIAL REPRESENTATIVE TO THE SECRETARY GENERAL FOR SOUTH SUDAN, HELPED TO SLOW PLANS TO SHUT DOWN THE POCS AND ENSURE A MORE CAUTIOUS APPROACH IN CONSULTATION WITH HUMANITARIAN ORGANIZATIONS. THIS WAS REFLECTED IN THE LANGUAGE OF A REPORT BY THE UN SECRETARY GENERAL ON THE FUTURE OF THE POCS RELEASED IN SEPTEMBER 2019. RI ALSO CONTRIBUTED LANGUAGE TO A U.S. SENATE RESOLUTION ON SOUTH SUDAN REFLECTING MANY OF RI'S RECOMMENDATIONS, WHICH WAS INTRODUCED IN OCTOBER 2019. RI MET WITH KEY SENATE OFFICES AND IS PURSUING AN EMAIL AND SOCIAL MEDIA CAMPAIGN IN SUPPORT OF THE RESOLUTION.

MEANWHILE, RI WELCOMED A UN SECURITY COUNCIL VISIT TO SOUTH SUDAN AT THE END OF 2019 LED BY THE NEW U.S. AMBASSADOR TO THE UN KELLY CRAFT, THOUGH WARNED ABOUT THE NEED FOR SUSTAINED ENGAGEMENT. THIS WAS DONE THROUGH AN OP-ED IN UN DISPATCH AND IN A MEETING WITH THE U.S. ASSISTANT SECRETARY OF STATE FOR AFRICAN AFFAIRS.

THESE EFFORTS HAVE BEEN BOLSTERED BY RI'S MOST RECENT SOUTH SUDAN

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

MISSION AND REPORTS. IN JULY AND AUGUST 2019, RI VISITED JUBA AND MALAKAL IN SOUTH SUDAN AND PRODUCED TWO REPORTS, ONE HIGHLIGHTING THE LACK OF IMPLEMENTATION OF KEY PARTS OF THE SOUTH SUDAN PEACE AGREEMENT AND HOW IT AFFECTS DISPLACED SOUTH SUDANESE WHO STILL FEEL UNSAFE TO RETURN AND THE OTHER FOCUSED ON WOMEN AND GIRLS.

SYRIA:

REFUGEES INTERNATIONAL REMAINS HEAVILY ENGAGED ON THE SITUATION IN SYRIA AND OF SYRIAN REFUGEES IN NEIGHBORING COUNTRIES.

RI ISSUED A REPORT, "LOSING THEIR LAST REFUGE: INSIDE IDLIB'S HUMANITARIAN NIGHTMARE" THAT EXAMINED THE HUMANITARIAN CONSEQUENCES OF THE SYRIAN REGIME AND RUSSIA'S MILITARY OFFENSIVE IN NORTHWEST SYRIA. RI ALSO AUTHORED AN OP-ED THAT WAS PUBLISHED IN THE HILL AND A BLOG TO RAISE AWARENESS ABOUT THE PLIGHT OF INTERNALLY DISPLACED PEOPLE IN IDLIB AND ITS SURROUNDINGS. THE RI TEAM CONTINUED THEIR ENGAGEMENT AND ADVOCACY EFFORTS WITH CONGRESS, THE ADMINISTRATION AND OTHER OFFICIALS TO GALVANIZE ATTENTION (AND POTENTIALLY ACTION AND ACCOUNTABILITY) TO THE ONGOING ATTACKS AGAINST CIVILIANS AND INFRASTRUCTURE IN NORTHWEST SYRIA AND THE ENDURING HUMANITARIAN CRISIS.

REFUGEES INTERNATIONAL HAS REPORTED EXTENSIVELY ON THE SITUATION IN NORTHEAST SYRIA AND HAS PUBLICLY AND PRIVATELY WARNED AGAINST A RUSHED DECISION TO WITHDRAW U.S. TROOPS FROM THE AREA. FOLLOWING U.S. TROOPS' WITHDRAWAL IN OCTOBER AND THE ENSUING TURKISH INCURSION, RI CONDUCTED A MISSION TO IRAQ AT THE BORDER WITH NORTHEAST SYRIA TO REPORT ON THE SITUATION. IN TESTIMONY TO THE CONGRESSIONAL U.S. HELSINKI COMMISSION, RI DENOUNCED THE HUMANITARIAN CONSEQUENCES OF THE TURKEY INCURSION AND

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

CALLED OUT ANKARA'S DEMOGRAPHIC ENGINEERING PLANS TO RESETTLE MORE THAN  
1 MILLION SYRIAN ARABS IN KURDISH AREAS.

THROUGHOUT THE YEAR, RI REMAINED HEAVILY ENGAGED ON THE SITUATION IN  
SYRIA. AT THE BEGINNING OF THE YEAR, RI ISSUED A REPORT ENTITLED  
"CIVILIANS IMPERILED: HUMANITARIAN IMPLICATIONS OF U.S. POLICY SHIFTS  
IN SYRIA." IT IDENTIFIED THREE MAJOR AREAS OF HUMANITARIAN CONCERN  
INSIDE SYRIA OVER THE COURSE OF 2019: IDLIB PROVINCE, NORTHEAST SYRIA,  
AND A CONCENTRATION OF IDPS ALONG THE JORDAN-SYRIAN BORDER. THE REPORT  
CALLED FOR SHIFTS IN U.S. POLICY AND PUSHED BACK AGAINST PRESIDENT  
TRUMP'S ANNOUNCEMENT THAT THE UNITED STATES WOULD DISENGAGE FROM SYRIA.  
RI ALSO PENNED TWO OP-EDS ON SYRIA--ONE PUBLISHED IN AXIOS AND A SECOND  
IN THE HILL--AND MET WITH SENIOR U.S. OFFICIALS FROM THE WHITE HOUSE  
AND THE STATE DEPARTMENT.

#### WOMEN AND GIRLS:

WOMEN AND GIRLS IN DISPLACEMENT FACE UNIQUE CHALLENGES, BUT WOMEN AND  
GIRLS' SPECIAL NEEDS ARE OFTEN INADEQUATELY ADDRESSED OR WHOLLY IGNORED  
IN HUMANITARIAN RESPONSE. AROUND THE WORLD, FROM VENEZUELA TO SOUTH  
SUDAN, REFUGEES INTERNATIONAL HAS ADVOCATED FOR IMPROVED HUMANITARIAN  
PROGRAMMING THAT ELEVATES THE WELL-BEING AND SAFETY OF WOMEN AND GIRLS  
AND PROVIDES THEM THE SPECIALIZED MEDICAL, PSYCHOLOGICAL, LEGAL, AND  
SECURITY ASSISTANCE THEY NEED.

RI RELEASED AN ISSUE BRIEF ON HUMAN TRAFFICKING IN THE VENEZUELA CRISIS  
ENTITLED "SEARCHING FOR SAFETY: CONFRONTING SEXUAL EXPLOITATION AND  
TRAFFICKING OF WOMEN AND GIRLS IN THE VENEZUELA CRISIS." THE BRIEF,  
PUBLISHED IN AUGUST, EXAMINED THE URGENT NEED FOR TRAFFICKING



Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

PREVENTION AND RESPONSE ACROSS LATIN AMERICA AND THE CARIBBEAN. RI'S REPORT, "STILL IN DANGER: WOMEN AND GIRLS FACE SEXUAL VIOLENCE IN SOUTH SUDAN DESPITE PEACE DEAL," HIGHLIGHTED CHALLENGES SPECIFIC TO WOMEN AND GIRLS. THE REPORT WAS FEATURED BY THE NEW YORK TIMES' NICK KRISTOF IN A PIECE ASKING IF SOUTH SUDAN IS THE WORST PLACE IN THE WORLD TO BE FEMALE. RI PRESENTED ITS FINDINGS IN A SERIES OF EVENTS INCLUDING AT THE STIMSON CENTER, INTERACTION, AND THE CONGRESSIONAL TOM LANTOS HUMAN RIGHTS COMMISSION.

RI PARTICIPATED IN THE 63RD ANNUAL UN COMMISSION ON THE STATUS OF WOMEN IN NEW YORK AND PUBLISHED A BLOG ABOUT THE TOP PRIORITIES FOR ASSISTING DISPLACED WOMEN AND GIRLS.

#### DEFENDING REFUGEE PROTECTION AND ASYLUM:

ALTHOUGH THE WORLD IS FACING THE LARGEST DISPLACEMENT CRISIS IN RECORDED HISTORY WITH 70 MILLION PEOPLE FORCED FROM THEIR HOMES, PROSPEROUS NATIONS ARE TURNING INWARDS--XENOPHOBIA IS ON THE RISE, BORDERS ARE TIGHTENING, AND THE SPACE FOR ASYLUM AND PROTECTION IS CLOSING. FROM THE UNITED STATES TO EUROPE TO ASIA, WE HAVE WITNESSED THIS RETREAT FROM PRINCIPLES OF PROTECTION. REFUGEES INTERNATIONAL WILL CONTINUE TO BE ON THE FRONT LINES WHERE THOSE SEEKING PROTECTION ARE BEING DENIED THE HELP THAT THEY NEED.

#### U.S. POLICIES ON ASYLUM:

RI ISSUED NUMEROUS PUBLIC STATEMENTS IN RESPONSE TO THE RANGE OF HIGHLY RESTRICTIVE MEASURES IMPOSED BY THE TRUMP ADMINISTRATION ON ASYLUM AND PROTECTION FOR INDIVIDUALS FLEEING CENTRAL AMERICA. RI WAS QUOTED ON THE ADMINISTRATION'S HANDLING OF ASYLUM SEEKERS IN DIVERSE NEWS OUTLETS

Name of the organization	Employer identification number
REFUGEES INTERNATIONAL INC.	52-1224516

INCLUDING THE LOS ANGELES TIMES, VOA, LAW360 AND DAILY BEAST. RI MADE SEVERAL TRIPS TO THE BORDER TO MONITOR THE IMPACT OF THE REMAIN IN MEXICO POLICY ON ASYLUM SEEKERS AND THE ASYLUM SYSTEM; PROVIDED TESTIMONY TO THE INTER-AMERICAN COMMISSION ON HUMAN RIGHTS; SPOKE AT A CONGRESSIONAL BRIEFING WITH ADVOCATES FROM HUMAN RIGHTS WATCH, AMNESTY INTERNATIONAL, AND THE WOMEN'S REFUGEE COMMISSION; AND WAS INTERVIEWED BY UNIVISION AND PRI. RI PROVIDED A STATEMENT FOR THE RECORD TO THE SENATE FOREIGN RELATIONS COMMITTEE OPPOSING AGREEMENTS WITH THE MEXICAN AND CENTRAL AMERICAN GOVERNMENTS TO SEND ASYLUM SEEKERS THERE AND SPOKE AT AN EXPERT ROUNDTABLE AT GEORGETOWN LAW SCHOOL ABOUT THIS TOPIC IN OCTOBER 2019. IN AN OP-ED IN THE WASHINGTON POST, RI HIGHLIGHTED SUCCESSFUL PAST EFFORTS TO UPHOLD THE RIGHTS OF ASYLUM SEEKERS AND IS WORKING TO CONVENE AN EXPERT TASK FORCE THAT WILL CONSIDER PROPOSING HUMANE POLICY ALTERNATIVES FOR THE FUTURE.

RI WROTE AN ISSUE BRIEF EXCERPTING SOME INTERVIEWS WITH SOMALIS, SYRIANS, AND YEMENIS BARRED FROM REFUGE IN THE UNITED STATES BY THE ADMINISTRATION'S TRAVEL BAN. THIS WAS THE FIRST IN A SERIES OF SEVERAL ISSUE BRIEFS DISCUSSING THE WAYS THE ADMINISTRATION'S POLICIES PREVENT FAMILY UNITY AND PERMANENT INTEGRATION OF THOSE WITH PROTECTIVE STATUSES IN THE UNITED STATES.

VENEZUELA DISPLACEMENT CRISIS:

COLOMBIA: IN SEPTEMBER 2019, REFUGEES INTERNATIONAL CONDUCTED A WEEK-LONG BOARD MISSION TO COLOMBIA. THE DELEGATION MET WITH LOCAL GOVERNMENT OFFICIALS; U.S. AMBASSADOR TO COLOMBIA PHILLIP GOLDBERG AND OTHER EMBASSY STAFF; UN OFFICIALS; MEMBERS OF INTERNATIONAL NGOS AND

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

LOCAL CIVIL SOCIETY ORGANIZATIONS; AND DISPLACED VENEZUELAN AND COLOMBIANS, THEMSELVES. THE BOARD MISSION PROVIDED AN INVALUABLE OPPORTUNITY TO CONTINUE OUR EFFORTS TO BRING ATTENTION TO THIS CRITICAL SITUATION AND THE RESULTING REPORT INCLUDED TARGETED RECOMMENDATIONS TO POLICYMAKERS.

TRINIDAD & TOBAGO: RI ADVOCATED ON POLICY ISSUES IN TRINIDAD & TOBAGO, WHERE CONCERNS ABOUT DETENTION AND FORCED RETURNS OF VENEZUELAN, TRAFFICKING OF WOMEN, AND HIGH LEVELS OF XENOPHOBIA DEMANDED A RESPONSE. THE SITUATION REMAINS RELATIVELY UNDERREPORTED, MAKING RI'S CONTRIBUTION CRITICAL. THE RI REPORT RECEIVED SIGNIFICANT ATTENTION IN THE REGION. ARTICLES HIGHLIGHTED DIFFERENT THEMES OF THE REPORT AND QUOTED IT EXTENSIVELY IN LOCAL NEWSPAPERS SUCH AS TRINIDAD AND TOBAGO NEWSDAY AND THE TRINIDAD EXPRESS, AS WELL AS ON LOCAL TV NETWORKS. IN MARCH 2019, THE GOVERNMENT OF TRINIDAD AND TOBAGO ANNOUNCED THAT IT WOULD OPEN A REGISTRATION PROCESS FOR VENEZUELAN WHO WERE THERE IRREGULARLY, FULFILLING A KEY RECOMMENDATION IN RI'S REPORT. UNDER THE PLAN APPROVED IN APRIL 2019, THE GOVERNMENT WILL PROVIDE A TWO-WEEK REGISTRATION PERIOD FOR VENEZUELAN AND GRANT THEM THE RIGHT TO WORK FOR UP TO ONE YEAR. IN A PUBLIC LETTER TO PRIME MINISTER DR. KEITH ROWLEY, ERIC SCHWARTZ WELCOMED THE GOVERNMENT'S ACTION BUT URGED IT TO EXTEND THE REGISTRATION PERIOD FOR CURRENT AND FUTURE VENEZUELAN ASYLUM SEEKERS AND TO GRANT VENEZUELAN'S ACCESS TO EDUCATION.

ECUADOR: IN MARCH 2019, RI TRAVELED TO ECUADOR, HOST TO THE THIRD-LARGEST NUMBER OF DISPLACED VENEZUELAN. RI WAS CONCERNED THAT THE GOVERNMENT OF ECUADOR HAD REVERSED ITS RELATIVELY GENEROUS APPROACH TO INCOMING VENEZUELAN AFTER THE MURDER OF AN ECUADORIAN WOMAN BY HER

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

VENEZUELAN BOYFRIEND TRIGGERED A XENOPHOBIC BACKLASH. THE GOVERNMENT'S IMPOSITION OF NEW ENTRY REQUIREMENTS FOR VENEZUELAN--ONES THAT ARE IMPOSSIBLE FOR MOST TO MEET--REVEALED THE FRAGILITY OF HOST COUNTRIES' WELCOME AND THE CHALLENGES CREATED WHEN NATIONAL POLICIES ARE NOT HARMONIZED ACROSS THE REGION. RI SHARED THESE FINDINGS AND ISSUED RECOMMENDATIONS IN A REPORT RELEASED IN MAY 2019. RI HAS ENGAGED WITH ECUADORAN OFFICIALS IN WASHINGTON, DC, INCLUDING THE AMBASSADOR.

ASIA:

ROHINGYA: RI HAS CONTINUED ITS ROBUST ADVOCACY AROUND THE ROHINGYA. IN JULY 2019, RI TESTIFIED BEFORE THE HOUSE FOREIGN AFFAIRS SUBCOMMITTEE ON ASIA HIGHLIGHTING RI'S LONG-STANDING RECOMMENDATIONS FOR TARGETED SANCTIONS ON MYANMAR'S MILITARY LEADERS AND SUSTAINED HUMANITARIAN ASSISTANCE FOR THE ROHINGYA. RI JOINED AN NGO COALITION THAT SUCCESSFULLY PUSHED INTRODUCTION OF THE BURMA ACT OF 2019, WHICH OVERWHELMINGLY PASSED THE HOUSE 394-21. RI'S EFFORTS INCLUDING AN EMAIL BLAST AND SOCIAL MEDIA CAMPAIGN AND MEETINGS WITH SEVERAL CONGRESSIONAL OFFICES. RI FURTHER CONTINUED TO RAISE CONCERNS AROUND REPATRIATION OF THE ROHINGYA TO MYANMAR UNDER PREVAILING CONDITIONS AND THE PLAN FOR BANGLADESH TO MOVE ROHINGYA REFUGEES TO AN ISOLATED ISLAND IN THE BAY OF BENGAL.

ON NOVEMBER 13TH, 2019, RI CO-HOSTED AN EVENT ON THE ROHINGYA AT THE HERITAGE FOUNDATION ALONGSIDE RENOWNED ROHINGYA LEADER WAI WAI NU AND OTHER EXPERTS. RI ALSO COMPLETED A MISSION TO THE ROHINGYA CAMPS IN BANGLADESH, RI'S FIFTH VISIT SINCE THE MASS EXPULSION OF ROHINGYA FROM MYANMAR IN AUGUST 2017.

U.S. REFUGEE PROTECTION REPORT CARD:

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

IN SEPTEMBER 2019, REFUGEES INTERNATIONAL ISSUED A DETAILED "REPORT CARD" ASSESSING THE U.S. ADMINISTRATION'S PERFORMANCE ON REFUGEE AND HUMANITARIAN PROTECTION, DELIVERING A FAILING GRADE OF "F." THE REPORT CARD WAS WIDELY REFERENCED BY PRESS AND POLICYMAKERS TO POINT TO THE ADMINISTRATION'S FAILURE TO LIVE UP TO ITS COMMITMENTS UNDER U.S. AND INTERNATIONAL LAW TO PROTECT THOSE SEEKING REFUGE.

PROMOTING SUSTAINABLE SOLUTIONS: GIVEN THE SCALE AND SCOPE OF THE GLOBAL DISPLACEMENT CRISIS TODAY, NO NATION ALONE CAN RESPOND EFFECTIVELY TO THE CURRENT CHALLENGES ASSOCIATED WITH LARGE MOVEMENTS OF PEOPLE. TOGETHER WITH REFUGEES, MIGRANTS, HOST COUNTRIES, AND THE INTERNATIONAL COMMUNITY, REFUGEES INTERNATIONAL HAS ADVOCATED FOR INNOVATIVE, LONG-TERM SOLUTIONS THAT WILL PROTECT THE HUMAN RIGHTS OF THE DISPLACED AND IMPROVE THEIR QUALITY OF LIFE.

ETHIOPIA: RI CONDUCTED A MISSION TO ETHIOPIA TO FOCUS ON THE APPROXIMATELY 500,000 PEOPLE WHO HAVE BEEN DISPLACED WITHIN ETHIOPIA DUE TO CLIMATE-RELATED CAUSES. THE RI TEAM TRAVELED TO IDP SITES IN AND AROUND DIRE DAWA, ERER, AND GODE. MOST OF THE IDPS WERE PASTORALISTS AND IN THEIR THIRD OR FOURTH YEAR OF DISPLACEMENT. THIS POPULATION NO LONGER REGULARLY RECEIVED RELIEF AID AND HAD URGENT HUMANITARIAN NEEDS. HOWEVER, THE MAJORITY OF IDPS THAT RI SPOKE WITH DID NOT WANT TO RETURN TO THEIR PASTORAL LIFESTYLE. RI'S REPORT FOCUSED ON THE NEED TO PROVIDE IMMEDIATE RELIEF, LONGER-TERM LIVELIHOOD OPPORTUNITIES, AND DURABLE SOLUTIONS.

TURKEY: AFTER A JULY MISSION TO TURKEY, RI ISSUED A REPORT, "AN UNCERTAIN FUTURE: FRAGILITY AND HUMANITARIAN PRIORITIES IN NORTHEAST

Name of the organization	Employer identification number
REFUGEES INTERNATIONAL INC.	52-1224516

SYRIA," LOOKING AT DEPORTATION OF SYRIANS FROM TURKEY AND REFUGEES' DECREASING ACCESS TO THE LABOR MARKET. RI WORKED INDEPENDENTLY AND IN COALITION TO ADVOCATE FOR STRONGER LABOR MARKET ACCESS FOR REFUGEES, CONVEYING TARGETED RECOMMENDATIONS TO THE U.S. CONGRESS, THE WORLD BANK, AND RELEVANT POLICYMAKERS.

GLOBAL COMPACT ON REFUGUEES AND GLOBAL COMPACT ON MIGRATION:

ADOPTED IN DECEMBER 2018, THE GLOBAL COMPACT ON REFUGEES (GCR) AIMS TO IMPROVE HOW THE WORLD RESPONDS TO THE NEEDS OF REFUGEES AS DEFINED IN THE 1951 REFUGEE CONVENTION AND ITS 1967 PROTOCOL. REFUGEES INTERNATIONAL ENGAGED ON THE DEVELOPMENT OF THE GCR AND THE GLOBAL COMPACT ON MIGRATION AND ESTABLISHED ITSELF AS RECOGNIZED EXPERTS ON THE COMPACTS, PLAYING IMPORTANT ROLES IN ENSURING THAT LANGUAGE IN BOTH PROMOTED THE PROGRESSIVE DEVELOPMENT OF THE RIGHTS AND WELL-BEING OF REFUGEES AND MIGRANTS. RI RELEASED MULTIPLE PRODUCTS ON THE BEST WAY FORWARD. IN DECEMBER, RI SENT A TEAM TO THE GLOBAL REFUGEE FORUM IN GENEVA AND WAS SELECTED TO LEAD A WELL-ATTENDED SIDE-EVENT ON LABOR MARKET ACCESS FOR REFUGEES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COVERAGE IN 2019, GARNERING SEVERAL HUNDRED MEDIA CITATIONS AND INTERVIEWS ACROSS THE YEAR. REFUGEES INTERNATIONAL APPEARED IN NEWS STORIES CARRIED BY THE NEW YORK TIMES, WASHINGTON POST, WALL STREET JOURNAL, FINANCIAL TIMES, GUARDIAN, USA TODAY, TIME, NEWSWEEK, U.S. NEWS & WORLD REPORT, NATIONAL INTEREST, UN DISPATCH, NPR, REUTERS, THE ASSOCIATED PRESS, BLOOMBERG, BBC, CNN, MSNBC, NBC, PBS NEWSHOUR, AND NUMEROUS OTHER PRINT, ONLINE, AND BROADCAST NEWS OUTLETS. WIRE SERVICE NEWS STORIES THAT INCLUDED COMMENTS BY REFUGEES INTERNATIONAL STAFF

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

PROVIDED EVEN GREATER REACH, SINCE OTHER NEWS OUTLETS PICKED UP AND FURTHER DISSEMINATED THOSE STORIES TO EVEN WIDER AUDIENCES.

IN 2019, REFUGEES INTERNATIONAL ALSO ACHIEVED CONSIDERABLY GREATER REACH ON SOCIAL MEDIA PLATFORMS SUCH AS TWITTER, FACEBOOK, AND INSTAGRAM. THE ORGANIZATION'S TWITTER HAS MORE THAN 291,000 FOLLOWERS, AND ITS FACEBOOK AND INSTAGRAM AUDIENCES HAVE GROWN TO MORE THAN 23,500 AND 1,500 FOLLOWERS RESPECTIVELY. MANY OF THE ORGANIZATION'S TWITTER FOLLOWERS HAVE SIZEABLE AUDIENCES OF THEIR OWN - SOME WITH MORE THAN A MILLION FOLLOWERS - FURTHER AMPLIFYING REFUGEES INTERNATIONAL'S MESSAGING THROUGH RETWEETING OF OUR CONTENT.

REFUGEES INTERNATIONAL'S EXPERTS ALSO ENGAGED IN PUBLIC EDUCATION THROUGH SPEAKING ENGAGEMENTS AND PUBLIC EVENTS, INCLUDING TESTIFYING AT CONGRESSIONAL HEARINGS. IN OCTOBER 2019, REFUGEES INTERNATIONAL PRESIDENT ERIC SCHWARTZ TESTIFIED BEFORE THE HELSINKI COMMISSION ON HOW THE UNITED STATES SHOULD RESPOND TO TURKEY'S HUMAN RIGHTS ABUSES TOWARD SYRIAN REFUGEES. ALSO IN OCTOBER, SENIOR ADVOCATE FOR HUMAN RIGHTS DANIEL P. SULLIVAN BRIEFED THE TOM LANTOS HUMAN RIGHTS COMMISSION ON THE ONGOING PEACE PROCESS IN SOUTH SUDAN. IN JULY, REFUGEES INTERNATIONAL'S VICE PRESIDENT FOR STRATEGIC OUTREACH CINDY HUANG TESTIFIED BEFORE THE U.S. CONGRESS HOUSE FOREIGN AFFAIRS' ASIA SUBCOMMITTEE ON THE SITUATION OF THE ROHINGYA PEOPLE, A LONG PERSECUTED MUSLIM MINORITY IN MYANMAR. IN APRIL, REFUGEES INTERNATIONAL SENIOR U.S. DOMESTIC ADVOCATE Yael Schacher testified before the United States Commission on Civil Rights for a hearing on immigration detention centers & treatment of immigrants in detention. AND IN FEBRUARY, REFUGEES INTERNATIONAL PRESIDENT ERIC SCHWARTZ TESTIFIED BEFORE THE

Name of the organization	Employer identification number
REFUGEES INTERNATIONAL INC.	52-1224516

U.S. HOUSE OF REPRESENTATIVES COMMITTEE ON FOREIGN AFFAIRS SUBCOMMITTEE FOR AFRICA, GLOBAL HEALTH, GLOBAL HUMAN RIGHTS AND INTERNATIONAL ORGANIZATIONS IN A HEARING ON "A GLOBAL CRISIS: REFUGEES, MIGRANTS, AND ASYLUM SEEKERS." IN 2019, REFUGEES INTERNATIONAL ALSO LAUNCHED A PUBLIC EDUCATION EVENT SERIES ENTITLED "VOICES FROM THE BORDER," DESIGNED TO HUMANIZE, INFORM, AND DEEPEN POLICY DISCUSSIONS RELATING TO MIGRATION AND PROTECTION ALONG THE U.S. SOUTHERN BORDER, AND FEATURING INDIVIDUALS WHO HAVE BEEN DIRECTLY AFFECTED BY U.S. BORDER AND ASYLUM POLICIES.

THESE EVENTS AFFORD THE ORGANIZATION WITH OPPORTUNITIES TO FURTHER EDUCATE THE PUBLIC AND POLICYMAKERS ALIKE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: STATE CAPACITY TO ACHIEVE LOCAL OBJECTIVES, AND INVESTING IN NEW GRASSROOTS AND GRASSTOPS PARTNERSHIPS.

IN 2019, THE REFUGEE ADVOCACY LAB WORKED WITH A STRATEGIC COMMUNICATIONS FIRM TO CONDUCT A MEDIA AUDIT AND ONLINE FOCUS GROUP TO UNDERSTAND CURRENT ATTITUDES AND PERCEPTIONS OF REFUGEES AND REFUGEE POLICY. WORKING WITH PARTNERS, THE LAB SUPPORTED ADVOCACY TO ENCOURAGE STATES AND LOCALITIES TO PROVIDE CONSENT FOR CONTINUED REFUGEE RESETTLEMENT, AND ALSO BEGAN TO EXPLORE WAYS TO SUPPORT PRO-REFUGEE POLICIES IN 5 PILOT STATES.

IN 2019, THE CAMPAIGN BEGAN IN FIVE PILOT STATES: VIRGINIA, GEORGIA, UTAH, MICHIGAN AND COLORADO. EACH STATE WAS CHOSEN BASED ON SEVERAL FACTORS, INCLUDING THE POTENTIAL TO ADVANCE POSITIVE POLICIES WITH A



Name of the organization REFUGEES INTERNATIONAL INC.	Employer identification number 52-1224516
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MODEST INVESTMENT. WHILE THE TEAM BEGAN WORKING WITH ADVOCATES ON THE GROUND IN EACH OF THE STATES TOWARD THE END OF 2019, THEY WERE SIMULTANEOUSLY ENGAGED IN THE BEGINNING OF A LONG-TERM STRATEGIC COMMUNICATIONS RESEARCH PROJECT WITH GOODWIN SIMON STRATEGIC RESEARCH. BY THE END OF 2019, GSSR CONDUCTED A MEDIA AUDIT IN SIX STATES (CO, GA, ID, IA, MI, TX) AND AN ONLINE FOCUS GROUP IN TEN STATES (CO, GA, IA, ID, MI, NC, OH, TX, VA, AND WI) TO ESTABLISH A BASELINE UNDERSTANDING OF HOW PEOPLE PERCEIVE REFUGEES, ASYLUM SEEKERS AND IMMIGRANTS AND BEGIN TO DELVE INTO WHAT SHAPES THEIR MINDSET. THIS WORK WILL BE ONGOING IN 2020 AND 2021.

IN ORDER TO WORK IN CLOSER COLLABORATION WITH OTHER U.S. REFUGEE ADVOCACY ORGANIZATIONS, RI JOINED REFUGEE COUNCIL USA. UPON JOINING, THE STRATEGIC OUTREACH TEAM MET WITH OVER 40 INDIVIDUAL MEMBERS OF RCUSA MEMBER ORGANIZATIONS TO GET INPUT ON HOW TO BEST STRUCTURE THE CAMPAIGN SO IT CAN ADD VALUE AND BUILD UPON EXISTING ADVOCACY EFFORTS. SINCE JOINING, THE S.O. TEAM AND OTHER RI STAFFERS HAVE ACTIVELY PARTICIPATED IN RCUSA MEETINGS AND ACTIVITIES; CINDY HUANG WAS ALSO TAPPED TO CO-LEAD THE RCUSA COMMUNICATIONS WORKING GROUP FOR THE 2020 TERM.

IN TERMS OF ADVOCACY, LAST SEPTEMBER, THE TRUMP ADMINISTRATION ISSUED AN EXECUTIVE ORDER THAT REQUIRED STATES AND LOCALITIES TO PROVIDE WRITTEN, PUBLIC CONSENT TO CONTINUE RESETTLING REFUGEES IN THEIR JURISDICTIONS. AS A RESULT OF HEROIC ADVOCACY BY THE REFUGEE ADVOCACY COMMUNITY, 42 GOVERNORS (INCLUDING 19 REPUBLICANS) AND OVER 100 LOCAL OFFICIALS PROVIDED CONSENT. REFUGEES INTERNATIONAL AND THE REFUGEE ADVOCACY LAB AMPLIFIED THE COALITION'S MESSAGES, SUPPORTED CALLS TO

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

ACTION, AND HELPED SUPPORT TARGETED ADVOCACY IN TOUGH STATES.

FORM 990, PART VI, SECTION A, LINE 4:

THE BOARD OF DIRECTORS MODIFIED ITS BYLAWS IN 2019, TO AUTHORIZE THE ELECTION OF CO-CHAIRS OF THE BOARD OF DIRECTORS IF THE BOARD SO CHOSE. PREVIOUSLY, THE BYLAWS PROVIDED ONLY FOR ELECTION OF ONE CHAIR.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY MANAGEMENT. SUBSEQUENT TO THE REVIEW, A COPY OF THE FORM 990 WAS PROVIDED TO THE FULL BOARD VIA EMAIL PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS IS ANNUALLY REQUIRED TO SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON:

- A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY;
- B) HAS READ AND UNDERSTANDS THE POLICY;
- C) HAS AGREED TO COMPLY WITH THE POLICY; AND
- D) UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IF AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST ARISES, AN INTERESTED PERSON IS REQUIRED TO DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND IS GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS AND AFTER

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

ANY DISCUSSION WITH THE INTERESTED PERSON, HE OR SHE LEAVES THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED ON. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT OF INTEREST EXISTS. THE CHAIR OR PRESIDENT OF THE BOARD OR COMMITTEE, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE DETERMINES WHETHER THE ORGANIZATION CAN, WITH REASONABLE EFFORTS, OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS OR COMMITTEE MEMBERS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT MAKES ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

IF THE BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORDS THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT TAKES APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

EMPLOYEES ARE REQUIRED TO FILE A DISCLOSURE FORM WITH THE PRESIDENT OF REFUGEES INTERNATIONAL OR HIS DELEGATE AT THE TIME OF EMPLOYMENT. EACH EMPLOYEE IS REQUIRED TO UPDATE SUCH DISCLOSURE FORM AS SOON AS HE OR SHE BECOMES AWARE OF ANY ACTUAL, POTENTIAL OR PERCEIVED CONFLICTS. THE PRESIDENT OR HIS DELEGATE PROMPTLY REVIEWS THE DISCLOSURES AND DETERMINES WHICH INTERESTS ARE IN CONFLICT WITH THE MISSION AND INTERESTS OF REFUGEES INTERNATIONAL AND WHICH, IF ANY, CAN BE RESOLVED. IN GRANTING AUTHORITY FOR EMPLOYEES TO ENGAGE IN OUTSIDE ACTIVITIES, REFUGEES INTERNATIONAL MAY, AT ITS DISCRETION, GRANT AUTHORITY FOR PUBLIC OR MEDIA CONTACTS RELATED TO THAT ACTIVITY PROVIDED SUCH PUBLIC OR MEDIA CONTACTS DO NOT COMPROMISE THE PUBLIC IMAGE OF INDEPENDENCE, HONESTY, PROPRIETY, OBJECTIVITY AND IMPARTIALITY OF REFUGEES INTERNATIONAL.

FAILURE TO MAKE REQUIRED DISCLOSURES OR TO SATISFACTORILY RESOLVE CONFLICTS OF INTEREST MAY RESULT IN DISCIPLINE, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. DECISIONS ON DISCIPLINE ARE THE EXCLUSIVE PREROGATIVE OF THE PRESIDENT. IN THE CASE OF TERMINATION OF EMPLOYMENT, THE PRESIDENT CONSULTS WITH THE EXECUTIVE COMMITTEE OF THE BOARD PRIOR TO MAKING THE DECISION. NOTWITHSTANDING THIS REQUIREMENT TO CONSULT, THE BOARD'S APPROVAL IS NOT REQUIRED FOR THE PRESIDENT TO TERMINATE AN EMPLOYEE AND THE FAILURE BY THE PRESIDENT TO CONSULT WITH THE BOARD DOES NOT PROVIDE GROUNDS FOR AN EMPLOYEE TO CHALLENGE THE TERMINATION.

REFUGEES INTERNATIONAL MAY DISCIPLINE AN EMPLOYEE IMMEDIATELY WHEN REFUGEES INTERNATIONAL HAS KNOWLEDGE THAT THE EMPLOYEE HAS ENGAGED IN ACTIVITY PROHIBITED BY THIS POLICY. REFUGEES INTERNATIONAL MAY PERMIT REMEDIATION OF A BREACH OF THIS POLICY IF IT DETERMINES, IN ITS SOLE DISCRETION, THAT REMEDIATION IS WARRANTED UNDER ALL THE FACTS AND CIRCUMSTANCES.

Name of the organization

REFUGEES INTERNATIONAL INC.

Employer identification number

52-1224516

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND/OR THE ENTIRE BOARD HAS CONTINUALLY REVIEWED AND APPROVED THE COMPENSATION PACKAGE OF THE PRESIDENT OF THE ORGANIZATION, INCLUDING A COST OF LIVING ADJUSTMENT IN JUNE 2019. SALARY SURVEYS ARE USED TO SUPPORT ADJUSTMENTS TO COMPENSATION. ADJUSTMENTS ARE COMMUNICATED WITH THE APPROPRIATE EMPLOYEES VIA A LETTER SIGNED OR APPROVED BY THE PRESIDENT AND FILED IN THE FINANCE AND HUMAN RESOURCES DEPARTMENTS.

FORM 990, PART VI, SECTION C, LINE 19:

RI DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE RI WEBSITE.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING  
DECEMBER 31, 2019

Prepared for	REFUGEES INTERNATIONAL INC. 1800 M ST. NW NO. 405N WASHINGTON, DC 20036
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NO AMOUNT IS DUE. THE ORGANIZATION WILL RECEIVE A REFUND IN THE AMOUNT OF \$3,604
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 16, 2020
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

## 2019

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number (Employees' trust, see instructions.)
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		REFUGEES INTERNATIONAL INC.	52-1224516
		Number, street, and room or suite no. If a P.O. box, see instructions. 1800 M ST. NW, NO. 405N	<b>E</b> Unrelated business activity code (See instructions.)
		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036	900099
<b>C</b> Book value of all assets at end of year 6,908,331.		<b>F</b> Group exemption number (See instructions.) ▶	
		<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **REPEAL OF SECTION 512(A)(7)**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☐ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **ERIC SCHWARTZ** Telephone number ▶ 202-828-0110

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	0.	

### Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a		
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 Total deductions. Add lines 14 through 27		28	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	0.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29		31	0.

**Part III Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

**Part IV Tax Computation**

40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	40	0.
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	<b>Proxy tax.</b> See instructions	42	
43	<b>Alternative minimum tax (trusts only)</b>	43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions	44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	384.
b	2019 estimated tax payments	51b	3,220.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	3,604.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	3,604.
56	Enter the amount of line 55 you want: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	56	3,604.

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **PRESIDENT** Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

**Paid Preparer Use Only**

Print/Type preparer's name **RICHARD J. LOCASTRO, CPA** Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check ☐ if self-employed PTIN **P00288314**

Firm's name **GELMAN, ROSENBERG & FREEDMAN** Firm's EIN **52-1392008**

4550 MONTGOMERY AVE SUITE 800N

Firm's address **BETHESDA, MD 20814-2930** Phone no. **(301) 951-9090**



**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>REFUGEES INTERNATIONAL INC.</b>	Taxpayer identification number (TIN)  <b>52-1224516</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1800 M ST. NW, NO. 405N</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ERIC SCHWARTZ**

- The books are in the care of ► **1800 M ST. NW, NO. 405N - WASHINGTON, DC 20036**  
 Telephone No. ► **202-828-0110** Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐   
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1** I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☒ calendar year **2019** or  
 ► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

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**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>REFUGEES INTERNATIONAL INC.</b>	Taxpayer identification number (TIN) <b>52-1224516</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1800 M ST. NW, NO. 405N</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
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Form 990-T (trust other than above)	06	Form 8870	12

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Telephone No. ► **202-828-0110** Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ **\_\_\_\_\_** ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **\_\_\_\_\_**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

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<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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