			EXTENDED TO NOVEMBER 15,			OMB No. 1545-0047
Forr	" <b>g</b>	90	Return of Organization Exempt Fr Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			0000
			Do not enter social security numbers on this form as			Open to Public
		of the Treasury enue Service	information.	Inspection		
ΑF	or th	e 2020 calenda	ar year, or tax year beginning and er	nding		
B C a	heck if oplicab		<sup>i</sup> organization GRATED REFUGEE & IMMIGRANT SERVICES	5,	D Employer identifica	tion number
	Addre	ess TNO		•		
	Name	e ge Doing bu	usiness as		06-0653044	1
	Initial returr Final	n Number	and street (or P.O. box if mail is not delivered to street address) <b>NICOLL STREET FLOOR 2</b>	oom/suite	E Telephone number 203-562-20	0.5
	lreturr termi	n-			G Gross receipts \$	3,241,614.
	ated Amer	nded NIEW	own, state or province, country, and ZIP or foreign postal code HAVEN, CT 06511			
	_returr ]Appli		nd address of principal officer: CHRIS GEORGE		H(a) Is this a group retu for subordinates?	
	_ltion pend		AS C ABOVE		H(b) Are all subordinates inclu	
<u> </u>		empt status:		527	1 • •	
		ite: ► IRIS		JZ7	H(c) Group exemption r	
		of organization:		I Vear	of formation: 1942 M	
	rt I	Summary				
	1		e the organization's mission or most significant activities: <b>PROVII</b>	DE RE	FUGEE RESETTI	EMENT
e	•	SERVICE				
Governance	2		x      f the organization discontinued its operations or disposed	d of more	than 25% of its net asset	s
ver	3			17		
ဗိ	4		ing members of the governing body (Part VI, line 1a)		17	
ې د	5		of individuals employed in calendar year 2020 (Part V, line 2a)			67
itie	6		of volunteers (estimate if necessary)			0
Activities	7 a		d business revenue from Part VIII, column (C), line 12			0.
Ā			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)		4,029,518.	3,130,356.
Revenue	9	Program servio	ce revenue (Part VIII, line 2g)		12,150.	6,829.
eve	10	Investment inc	come (Part VIII, column (A), lines 3, 4, and 7d)		17,473.	16,041.
æ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		28,630.	15,048.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,087,771.	3,168,274.
	13	Grants and sin	nilar amounts paid (Part IX, column (A), lines 1-3)		440,316.	549,118.
	14	Benefits paid t	to or for members (Part IX, column (A), line 4)		0.	0.
ş	15	Salaries, other	$^{ m c}$ compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$		1,834,029.	2,222,195.
Expenses	16a	Professional fu	and raising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ 209,078		0.	0.
xpe	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 209,078	8.		
Ш	17	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)		501,122.	431,638.
	18	Total expenses	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,775,467.	3,202,951.
	19	Revenue less	expenses. Subtract line 18 from line 12		1,312,304.	-34,677.
s or				Be	ginning of Current Year	End of Year
sset	20	Total assets (F			2,745,744.	3,124,014.
Net Assets or Fund Balances	21		(Part X, line 26)		154,606.	522,688.
			fund balances. Subtract line 21 from line 20		2,591,138.	2,601,326.
	rt II	, ,				1 1 1 1 1 1 1 1 1 1
	-		I declare that I have examined this return, including accompanying schedules a			nowledge and belief, it is
true,	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	

Sign	Signature of officer Date										
Here	CHRIS GEORGE, EXECUTIVE DIRECTOR										
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature Date	Check PTIN								
Paid	FRANCIS BRODERICK	FRANCIS BRODERICK 11/09	/21 self-employed P01437465								
Preparer	Firm's name 🕒 BEERS , HAMERMAN ,	COHEN & BURGER, P.C.	Firm's EIN 🕨 47-2517893								
Use Only	Firm's address 🖕 234 CHURCH STREE	Т									
	NEW HAVEN, CT 06	510	Phone no. (203) 787-6527								
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No								
000001 10 0		co, coo the congrate instructions	Form <b>990</b> (2020)								

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

	990 (2020) INC •	REFUGEE & IMMIGR		06-0653044	Page
Par	t III Statement of Program Service	Accomplishments			
	Check if Schedule O contains a response	e or note to any line in this Part III	<u> </u>	<u></u>	X
	Briefly describe the organization's mission:				
	IRIS'S MISSION IS TO HE				
	DISPLACED PEOPLE ESTABL	-	-		
	THE VITALITY OF CONNECT:		•	IS WELCOMED 2	
	REFUGEES AND 224 OTHER			00 OTHERS WHO	
2	Did the organization undertake any significant	program services during the year	which were not listed on the		
				Yes	XNo
	If "Yes," describe these new services on Scheo	dule O.			
3	Did the organization cease conducting, or mak	e significant changes in how it co	onducts, any program services	? Yes	XNo
	If "Yes," describe these changes on Schedule	О.			
4	Describe the organization's program service ac	ccomplishments for each of its thr	ree largest program services, a	as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations a	re required to report the amount o	of grants and allocations to oth	ners, the total expenses, a	nd
	revenue, if any, for each program service repor				
4a	(Code: ) (Expenses \$ 2 , 617	,541. including grants of \$	549,118.) (Rev	venue \$6 ,	829.
	IRIS'S MISSION IS TO HE	LP REFUGEES, ASYL	EES, ASYLUM SEE	KERS, AND OTH	ER
	DISPLACED PEOPLE ESTABL	ISH NEW LIVES, RE	GAIN HOPE, AND	CONTRIBUTE TO	
	THE VITALITY OF CONNECT	ICUT'S COMMUNITIE	S. IN 2020, IR	IS WELCOMED 2	84
	REFUGEES AND 224 OTHER I	IMMIGRANTS AND AS	SISTED OVER 2,0	00 OTHERS WHO	
	HAD ARRIVED IN PREVIOUS	YEARS. IRIS MEE	TS THEIR BASIC	NEEDS - HOUSI	NG,
	FOOD, FURNITURE, CLOTHIN	NG - AS WELL AS O	FFERS SERVICES	TO HELP THEM	
	INTEGRATE INTO THE COMMU	UNITY AND BECOME	ECONOMICALLY SE	LF-SUFFICIENT	,
	INCLUDING INTENSIVE CASI	E MANAGEMENT; ENG	LISH CLASSES; H	EALTHCARE	-
	COORDINATION; WELLNESS I				ND
	IMMIGRATION LEGAL SERVIO		, IRIS'S LAWYER	· · · ·	
	ASYLUM SEEKERS ON THEIR		-		
		VIDES EXTENSIVE O			
	(Code:) (Expenses \$				
	(			· · · · · · · · ·	
4c	(Code:) (Expenses \$	including grants of \$	) (Re	venue \$	
		2)			
4d	Other program services (Describe on Schedule				
	(Expenses \$ includi	ing grants of \$	) (Revenue \$	)	
4e	Total program service expenses 🕨	2,617,541.			000
4e					<b>990</b> (2020
		2,617,541. SEE SCHEDULE O FO 2	)R CONTINUATION (		<b>990</b> (202

INC.

Part IV Checklist of Required Schedules

Form 990 (2020)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		x	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
h	Part VI			
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
032003	12-23-20	Form	<b>990</b> (	2020)

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032003 12-23-20

Form	<u>990 (2020)</u> INC. 06-065	3044	Р	<sub>age</sub> 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<b> </b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	_ <b>24d</b>		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	·		
		38	х	1
Pa				·
-	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	/			,

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Form	<u>990 (2020)</u> INC. 06-0653	044	Р	age 5						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 67									
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
	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)?	4a		x						
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).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the									
~	organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c									
		14a		x						
14a b		14a 14b								
15	It "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see instructions and file Form 4720, Schedule N.	15								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x						
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2020)

032005 12-23-20

	INTEGRATED REFUGEE & IMMIGRANT SERVICE	s,				
Form	990 (2020) INC.			653044		age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough	7b below, and	for a "No" r	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management				_	
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		17		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or application of the power to elect or application of the power of	ooint o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the	following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>enue</u>	Code.)		_	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	_	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	-	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the forn	n? <b>11a</b>	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			<u>12a</u>	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," de	escribe			
	in Schedule O how this was done				_	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official					
b	Other officers or key employees of the organization			<u>15b</u>	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem					
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		=			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation	's			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CT					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	T (Section 501	(c)(3)s only	) availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	f interest polic	y, and finar	ncial	
	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 boo	ks and	l records			
	THE ORGANIZATION - 203-562-2095					
	235 NICOLL STREET FLOOR 2, NEW HAVEN, CT 06511					
032006	12-23-20			For	n <b>990</b>	(2020)
	6					

orm	990	(2020	)

06-	0653044	Page 7

Form 990 (20	020)	INC.					06-0
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Co	mpensated
	Employees, and	d Independe	ent Contra	ctors			

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.

INC.

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.

Hand Bird Bird     Program (bar and strong marked program and strong marked organization (ist ary below line)     Componention (bar are bird more program and program (bar are bird more program and program (componention (more bar are program and program (componention (more bar are program and program (more bar are program and pro	(A) Name and title	(B) Average			<b>(C</b> Posi	<b>C)</b> ition	1		(D) Reportable	(E) Reportable	<b>(F)</b> Estimated
Week (list ary organizations below line)         Image of the state organizations (W2/1089-MISC)         Image of the state organizations           (1) CHRIS GEORGE         1.00         X         102,808.         0.         8,070.           (2) WERUCHE GEORGE         1.00         X         X         0.         0.         0.           (3) KAVER HORSHNOD, FHD         1.00         X         X         0.         0.         0.           VICE CHAIR         1.00         X         X         0.         0.         0.         0.           DIRECTOR         1.00         X         X         0.         0.         0.         0.           DIRECTOR         1.00         X         X         0.         0.         0.         0.           (6) ANDREW RUBEN         1.00         X         X         0.         0.         0.         0.           (10) KICA MATOS         1.00         X         X         0.         0.         0.         0.			box, unless person is both an				s both	ı an		·	
(1)         CHRIS GEORGE         40.00         X         102,808.         0.         8,070.           C2)         WENCHE GEORGE         1.00         X         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           C3)         KAVEH KHOSHNOOD, PHD         1.00         X         X         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           (5)         POOJA AGRAWAL         1.00         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           G10         ADDEN ROBEN RUBEN         1.00         X         0.         0.         0.         0.         0.           G10         KICA MATOS         1.00         X         0.         0.         0.         0.		(list any hours for related organizations below							the organization	organizations	compensation from the organization and related
(2) WERUCHE GEORGE         1.00         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.           VICE CHAIR         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.	(1) CHRIS GEORGE	· · ·			0	-	1 0				
(2) WERUCHE GEORGE         1.00         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           VICE CHAIR         X         X         0.         0.         0.         0.           VICE CHAIR         1.00         X         X         0.         0.         0.           DIRECTOR         X         X         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.           DIRECTOR         X         0.         0.         0.         0.         0.         0.           DIRECTOR         X         0.	EXECUTIVE DIRECTOR				х				102,808.	0.	8,070.
(3) KAVEH KHOSHNOOD, PHD       1.00       X       X       0.       0.       0.         (4) REV. PETER BUSHNELL       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (5) FOOJA AGRAWAL       1.00       X       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.       0.         OIRECTOR       X       0.       <	(2) WERUCHE GEORGE	1.00									
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(4) REV. PETER BUSHNELL       1.00       X       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.         (5) POOJA AGRANAL       1.00       X       0.       0.       0.       0.         DIRECTOR       X       0.       0.       0.       0.       0.       0.         (6) JASMINA BESIREVIC REGAN       1.00       X       0.       0.       0.       0.       0.         (7) NADINE KOOBATIAN       1.00       X       0.       0.       0.       0.       0.         (8) ANDREW RUBEN       1.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.         (9) KATHERINE MCKENZIE       1.00       X       X       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.       0.         DIRECTOR       X       X       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.       0.	(3) KAVEH KHOSHNOOD, PHD	1.00									
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Form 990 (2020)

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Form 990 (2020)	INC.	ana Kay Em			0.00	1 11:2	abor	+ 0	compensated Employee	06-0	000	044	Pa	age <b>8</b>	
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		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		s compens		e ion ed	
(18) LORENZO CALIENDO DIRECTOR	1.00	x						0.		0.			0.		
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1b Subtotal c Total from continuat	ion shoots to Part VII								102,808.		0.		8,0	<u>/0.</u> 0.	
d Total (add lines 1b a									102,808.		0.		8,0	-	
2 Total number of indivi compensation from th		ot limited to th	iose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	э		-	1	
													Yes	No	
-	-			-		-			phest compensated emp	•		-		37	
									ner compensation from t			3		X	
									for such individual			4		х	
									ed organization or individ			-			
		plete Schedule	e J f	or sı	ıch ı	oers	on .					5		Х	
Section B. Independent C									· · · · · · · · · · · · · · · · · · ·	100.000 - (					
		-	-						hat received more than \$ the organization's tax y		Jensa				
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С	(C ompei		n	
2 Total number of indep \$100,000 of compens		•	ot lir	niteo	d to f	thos C		ted	above) who received mo	ore than					

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Ра	πν							
			Check if Schedule O contains a response or not	e to any lin		(B)	(C)	
					<b>(A)</b> Total revenue	(D) Related or exempt	Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
ts ts	1 a Federated campaigns 1a							
, Grants mounts		b	Membership dues 1b					
<u> </u>		с		.,931.				
ifts ır A			Related organizations 1d	-				
Contributions, Gifts, and Other Similar Ar				3,742.				
Sir			All other contributions, gifts, grants, and					
uti				5,683.				
0tl Otl		~	Noncash contributions included in lines 1a-1f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
.uo		÷			3,130,356.			
a C		n	Total. Add lines 1a-1f		5,150,550.			
				ness Code	C 000	C 0.20		
ce	2	а	FEES FOR LEGAL SERVICE 90	0099	6,829.	6,829.		
Program Service Revenue		b						
S. Senu		С						
an eve		d						
ogi F		е						
Ъ		f	All other program service revenue					
		g	Total. Add lines 2a-2f	►	6,829.			
	3		Investment income (including dividends, interest, an	d				
			other similar amounts)	►	16,041.			16,041.
	4		Income from investment of tax-exempt bond procee					
	5		Royalties					
				Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
				i) Other				
	'	а						
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
Revenue			and sales expenses					
eve			Gain or (loss)					
Å			Net gain or (loss)	🕨				
her	8	а	Gross income from fundraising events (not					
Oth			including \$ 104,931. of					
			contributions reported on line 1c). See					
				3,388.				
		b	Less: direct expenses 8b 73	3,340.				
		с	Net income or (loss) from fundraising events	►	15,048.			15,048.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
		-	and allowances 10a					
		h	Less: cost of goods sold					
			Net income or (loss) from sales of inventory					
		U		ness Code				
sn	44	~						
neo ue	11							
llar		b						
Miscellaneous Revenue		C						<u> </u>
Mis			All other revenue					
		е	Total. Add lines 11a-11d			C 000		21 000
	12		Total revenue. See instructions	🕨	3,168,274.	6,829.	0.	31,089.
03200	9 12-3	23-:	20					Form <b>990</b> (2020)

# 13531112 734569 IRIS3044

9

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	549,118.	549,118.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	110,878.	64,637.	23,449.	22,792
6	Compensation not included above to disqualified	,	,	,	, -
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,749,879.	1,388,422.	245,819.	115,638
8	Pension plan accruals and contributions (include			210,0191	
0	section 401(k) and 403(b) employer contributions	102,934.	81,918.	14,366.	6 650
9	Other employee benefits	123,679.	96,913.	17,773.	<u>6,650</u> 8,993
0		134,825.	105,440.	19,445.	9,940
1	Payroll taxes	154,025.	105,110.	10,4400	5,540
	Management				
	• • • • • • • • • • • • • • • • • • •				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	100 515	00 040	21 024	1 620
_	column (A) amount, list line 11g expenses on Sch 0.)	123,515.	99,949.	21,934.	1,632
2	Advertising and promotion	60,451.	44,384.	10 (55	3,412
3	Office expenses	00,451.	44,304.	12,655.	3,412
4	Information technology				
5	Royalties	00 000	70 070	12 202	C 740
6		98,822. 15,211.	78,870. 15,211.	13,203.	6,749
7	Travel	LJ, ZII•	13,411.		
8	Payments of travel or entertainment expenses				
_	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates	14 222	11 010	0.005	1 0 - 2
2	Depreciation, depletion, and amortization	14,333.	11,212.	2,065.	1,056
3	Insurance	31,137.	24,356.	4,487.	2,294
24	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 0.)	46.758.	46.758.		

46,758.

29,308.

7,399.2,600.

2,104.

10

3,202,951.

46,758.

5,788. 2,600.

1,965.

2,617,541.

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

DIRECT PROGRAM EXPENSES

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined

Joint costs. Complete this line only if the organization

MAINT

EQUIPMENT RENTAL,

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а

b

С

d

е

25

26

EVENTS

OTHER

All other expenses

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29,308.

209,078.

545.

69.

1,066.

376,332.

70.

INC.

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	τX	Balance Sheet					
		Check if Schedule O contains a response or r	ote to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	228,107.	1	414,847.		
	2	Savings and temporary cash investments	1,086,026.	2	1,161,724.		
	3	Pledges and grants receivable, net	906,703.	3	754,897.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or former o	officer, director,			
		trustee, key employee, creator or founder, sub	trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of the	nese persor	าร		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges	50,710.	9	34,332.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	<b>10a</b>	<u>131,666.</u> 56,634.			
	b	Less: accumulated depreciation	<b>10</b> b		43,712.	10c	75,032. 674,905.
	11	Investments - publicly traded securities			420,486.	11	674,905.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	10,000.	15	8,277.		
	16	Total assets. Add lines 1 through 15 (must ed			2,745,744.	16	3,124,014.
	17	Accounts payable and accrued expenses	138,670.	17	166,626.		
	18	Grants payable	15 026	18			
	19	Deferred revenue	15,936.	19	7,407.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet		21			
es	22	Loans and other payables to any current or fo					
oilit		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	348,655.
—	23	Secured mortgages and notes payable to unr		· · · · · · · · · · · · · · · · · ·		23	540,055.
	24 05	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lir					
						25	
	26	Total liabilities. Add lines 17 through 25			154,606.	26	522,688.
	20	Organizations that follow FASB ASC 958, c	heck here	▶ X	154,000.	20	522,000.
Se		and complete lines 27, 28, 32, and 33.					
nc	27	Net assets without donor restrictions			1,083,202.	27	1.150.712.
Fund Balances	28	Net assets with donor restrictions	1,507,936.	28	<u>1,150,712.</u> 1,450,614.		
Б	20	Organizations that do not follow FASB ASC				20	
Fur		and complete lines 29 through 33.					
ç	29	Capital stock or trust principal, or current fund	ds			29	
iets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or	32	Total net assets or fund balances			2,591,138.	32	2,601,326.
2	33	Total liabilities and net assets/fund balances			2,745,744.	33	3,124,014.
				I	· ·		Form <b>990</b> (2020)

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	990 (2020) INC.	06-06	53044	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,168		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,202		
3	Revenue less expenses. Subtract line 2 from line 1	3			77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,591		
5	Net unrealized gains (losses) on investments	5	44	.,86	65.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,601	.,32	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	

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Department of the Treasury	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/Forr EGRATED REFUGE				Employer	Inspection identification number			
INC	•			-	0	6-0653044			
Part I Reason for Public	Charity Status. (All or	ganizations must com	plete this part.) S	ee instruction	IS.				
<ul> <li>2 A school described in set</li> <li>3 A hospital or a cooperativ</li> <li>4 A medical research organ city, and state:</li> </ul>	Idation because it is: (For lin churches, or association of c ction 170(b)(1)(A)(ii). (Attack e hospital service organizati ization operated in conjunct for the benefit of a college of	hurches described in n Schedule E (Form 98 on described in <b>sect</b> i ion with a hospital des	section 170(b)(1 90 or 990-EZ).) ion 170(b)(1)(A)(ii scribed in sectio	i). n 170(b)(1)(A					
<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>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</li> </ul>									
<ul> <li>university:</li></ul>									
<ul> <li>An organization organized more publicly supported organization. You must a granization. You must b Type II. A supporting or control or management organization(s). You must organization(s). You must d Type III functionally in its supported organization d Type III non-functional that is not functionally in requirement (see instructionally integrated, instructional instructinstructional instructional instructional instructional instruct</li></ul>	<ul> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not 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.</li> </ul>								
(i) Name of supported organization	(desc	cribed on lines 1-10	() Is the organization listed your governing document? Yes No	(v) Amount or support (see ir	,	(vi) Amount of other support (see instructions)			

LHA FOR Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990 EZ) 2020 INC.

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 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2518116.	2862550.	2641457.	4029518.	3130356.	15181997.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2518116.	2862550.	2641457.	4029518.	3130356.	15181997.
	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)						1112993.
6	Public support. Subtract line 5 from line 4.						14069004.
Se	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	2518116.	2862550.	2641457.	4029518.		15181997.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	500.	1,103.	4,095.	19,173.	16,041.	40,912.
9	Net income from unrelated business		-		-		-
	activities, whether or not the						
	business is regularly carried on	12,061.	27,195.	22,608.	28,630.	20,052.	110,546.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	50,000.					50,000.
11	Total support. Add lines 7 through 10						15383455.
	Gross receipts from related activities,	etc. (see instructio	ons)		•	12	
	First 5 years. If the Form 990 is for th	-				01(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2020 (li	ne 6, column (f), d	ivided by line 11, c	olumn (f))		14	91.46 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	91.60 %
	<b>33 1/3% support test - 2020.</b> If the o					ore, check this bo	x and
	stop here. The organization qualifies a	as a publicly supp	orted organization				►X
ł	<b>33 1/3% support test - 2019.</b> If the o						
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstanc	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
t	0 10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	imstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization						s <b>&gt;</b>
					Sche	dule A (Form 990	or 990-EZ) 2020

e 3

-	NTEGRATED	DEFICEE			20	
Schedule A (Form 990 or 990-EZ) 2020 I		KEF UGEE	& IMMIGRAI	NI SERVICI		3044 Page
Part III Support Schedule for C	Drganizations [	Described in S	Section 509(a)	(2)	00 005	JUHH Faye
(Complete only if you checked	-				art II. If the organiz	ation fails to
qualify under the tests listed b			angun zuter randa			
Section A. Public Support	<u>, prodoc comp</u>					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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						
4 Tax revenues levied for the organ- ization'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						
6 Total. Add lines 1 through 5						ĺ
<b>7a</b> Amounts included on lines 1, 2, and 3 received from discuelified 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	

	rt. (Subtract line 7c from line 6.)
Section B. Tot	al Support

Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
9 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								
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13 Total support. (Add lines 9, 10c, 11, and 12.)								
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,		
check this box and stop here								
Section C. Computation of Publi	ection C. Computation of Public Support Percentage							

15	Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%					
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	%					
Sec	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f))	17	%					
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	%					
19a	33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 34	3 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	tion						
b	33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	an 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 inst	tructi	ons					

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 INC -

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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

# Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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032024 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

Sche	edule A (Form 990 or 990-EZ) 2020 INC • 00	6-065304	<b>4</b> Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			0
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's offic directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one suppor organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supervised among the supervised among the powers of the powers to appoint and/or remove officers, directors, or trustees were allocated among the supervised among the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers to appoint and power to appoint app</i>	ers, rted he		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	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).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction) The organization satisfied the Activities Test. Complete line 2 below.	ctions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	' (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
	The second of such of the supported organizations if TES OF IND DIDVIDE DETAILS IFT OF THE	04		

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

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Schedule A (Form 990 or 990-EZ) 2020

3b

# 13531112 734569 IRIS3044

INTEGRATED R	EFUGEE &	IMMIGRANT	SERVICES
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Schedul	INTEGRATED REFOGLE & IM le A (Form 990 or 990-EZ) 2020 INC.	MIGNA		06-0653044 Page
Part \		g Organ		se cooccii Faye
1 [	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	Sections A through E.	-
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ne	et short-term capital gain	1		
<b>2</b> Re	ecoveries of prior-year distributions	2		
<b>3</b> Ot	ther gross income (see instructions)	3		
<b>4</b> Ac	dd lines 1 through 3.	4		
5 De	epreciation and depletion	5		
6 Po	ortion of operating expenses paid or incurred for production or			
cc	ollection of gross income or for management, conservation, or			
m	aintenance of property held for production of income (see instructions)	6		
<b>7</b> Ot	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aç	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a Av	verage monthly value of securities	1a		
b Av	verage monthly cash balances	1b		
<b>c</b> Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
e Di	iscount claimed for blockage or other factors			
(e)	xplain in detail in Part VI):			
	cquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> Si	ubtract line 2 from line 1d.	3		
<b>4</b> Ca	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
se	ee instructions).	4		
5 Ne	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> M	ultiply line 5 by 0.035.	6		
<b>7</b> Re	ecoveries of prior-year distributions	7		
8 M	inimum Asset Amount (add line 7 to line 6)	8		
Section	C - Distributable Amount			Current Year
<b>1</b> Ac	djusted net income for prior year (from Section A, line 8, column A)	1		
	nter 0.85 of line 1.	2		
<b>3</b> M	inimum asset amount for prior year (from Section B, line 8, column A)	3		
<b>4</b> Er	nter greater of line 2 or line 3.	4		
5 In	come tax imposed in prior year	5		
6 Di	istributable Amount. Subtract line 5 from line 4, unless subject to			
er	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non functional	lu integrate		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Sche Par	dule A (Form 990 or 990-EZ) 2020 INC . t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued	06-0653044 Page 7
	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer	mot purposes		1
2	Amounts paid to perform activity that directly furthers exemp			•
-	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.	•		8
9	Distributable amount for 2020 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
а	From 2015			
b	From 2016			
с	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

INTEGRATED	REFUGEE	&	IMMIGRANT	SERVICES,
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			EE & IMMIGRANT	SERVICES,
Schedule A	(Form 990 or 990-EZ) 2020 INC	1 - •		06-0653044 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2	<b>n.</b> Provide the explanation 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c and 3; Part IV, Section E, li	c, 11a, 11b, and 11c; Part IV, nes 1c, 2a, 2b, 3a, and 3b; Pa	Part II, line 17a or 17b; Part III, line 12; Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.
032029 01 25 (	21			Schedule A (Form 990 or 990-EZ) 2020
032028 01-25-2	- 1		<u></u>	Schedule A (FUIII 330 01 330-EZ) 2020

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Inte

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

ver identification number

Internal Revenue Service		
Name of the organizati	on INTEGRATED REFUGEE & IMMIGRANT SERVICES,	Employer identificati
	INC.	06-0653044
Organization type (che	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
, 0	tion is covered by the General Rule or a Special Rule.	
Note: Only a section 5	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	Ile. 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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

# INTEGRATED REFUGEE & IMMIGRANT SERVICES, INC.

Employer identification number

06-0653044

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EPISCOPAL MIGRATION MINISTRIES 815 SECOND AVE NEW YORK, NY 10017	\$ <u>543,299.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	STATE DEPARTMENT OF SOCIAL SERVICES 25 SIGOURNEY STREET HARTFORD, CT 06106	\$ <u>856,542.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PRITCHARD FOUNDATION 55 WELLESLEY DRIVE NEW CANAAN, CT 06840	\$ <u>    160,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	FAIRFIELD COUNTY COMMUNITY FOUNDATION 40 RICHARDS AVE NORWALK, CT 06854	\$72,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2020)		Page <b>3</b>
	rganization		Employer identification number
INTEGI INC.	RATED REFUGEE & IMMIGRANT SERVICES,		06-0653044
	N		
Part II	Noncash Property (see instructions). Use duplicate copies of Part II in	f additional space is needed	
(a)		(c)	
No. from	(b)	FMV (or estimate	) (d)
Part I	Description of noncash property given	(See instructions.	) Date received
		-	
		_	
		_   \$	
(2)			
(a) No.	(b)	(c)	, (d)
from	Description of noncash property given	FMV (or estimate	Data received
Part I		(See instructions.	)
		_	
		-	
		_   \$	
		_   ♥	
(a)		(-)	
No.	(b)	(c) FMV (or estimate	) (d)
from	Description of noncash property given	(See instructions.	
Part I			
		-	
		-	
		\$	
(a)	<i>(</i> , )	(c)	(.))
No. from	(b) Description of noncash property given	FMV (or estimate	
Part I		(See instructions.	
		_	
		_	
		-	
		_   <sup>\$</sup>	
(a)			
No.	(b)	(c) FMV (or estimate	) (d)
from	Description of noncash property given	(See instructions.	
Part I			·
		-	
		-	
		_   \$	
(a)	~.	(c)	
No. from	(b)	FMV (or estimate	e) (d)
Part I	Description of noncash property given	(See instructions.	) Date received
		_	
		-   .	
		_   \$	
023453 11-25	5-20	Schedule	B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

2020.05000 INTEGRATED REFUGEE & IMMI IRIS3041

NTERGRATED REFUGEE & IMMIGRANT SERVICES,     06-0653044       Part III     totalwey reliques, charlable, etc., contributions to organizations described in section 50 tic[7], [6], or (10) that total more than 31,000 for the total section 50 tic[7], [6], or (10) that total more than 31,000 for the total section 50 tic[7], [6], or (10) that total more than 31,000 for the total section 50 tic[7], [6], or (10) that total more than 31,000 for the total section 50 tic[7], [6], or (10) that total more than 31,000 for the total section 50 tic[7], [6], or (10) that total more than 31,000 for the total section 50 tic[7], [6], or (10) that total more than 31,000 for the total section 50 tic[7], [6], or (10) that total more than 31,000 for the total section 50 tic[7], [6], or (10) that total more than 31,000 for the total section 50 tic[7], [6], or (10) that total more than 31,000 for the total section 50 tic[7], [6], or (10) the total more than 31,000 for the total section 50 tic[7], [6], or (10) the total more than 31,000 for the total section 50 tic[7], [6], or (10) the total more than 31,000 for the total section 50 tic[7], [6], or (10) the total more than 31,000 for the total section 50 tic[7], [6], or (10) the total more than 31,000 for the total section 50 tic[7], [6], or (10) the total more than 31,000 for the total section 50 tic[7], [6], or (10) the total more than 31,000 for the total section 50 tic[7], [6], or (10) the total more than 31,000 for the total section 50 tic[7], [6], or (10) test section 50 tic[7], [6], or (1		ganization		Employer identification numb				
Part III       Exclusive/religious, charatale, etc., contributions to creation 591(0/7), 80, or (10) that total more than \$1,000 for the formagine and the following ine ortholitox is complete outwing \$1,000 for the formagine and the following ine ortholitox is complete outwing \$2,000 or less to te per [list is a set.] ▶ \$		ATED REFUGEE & IMMIGRAN	T SERVICES,	06-0653044				
from any one contributer. Complete columns (a) through (a) and the following line entry. For organizations use of columns (b) how provide a space is needed.       Image: Column (c)		Exclusively religious, charitable, etc., contribution	ons to organizations described in se					
(a) No. from perti- sert       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from perti- sert       (c) Use of gift       (d) Description of how gift is held         (e) Transfere of gift       (e) Transfere of gift       (d) Description of how gift is held         (a) No. from perti- sert       (e) Transfer of gift       (d) Description of how gift is held         (a) No. from perti- sert       (e) Transfer of gift       (d) Description of how gift is held         (a) No. from perti- sert       (e) Transfer of gift       (d) Description of how gift is held         (a) No. from perti- set       (e) Transfer of gift       (d) Description of how gift is held         (a) No. from perti- set       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from perti- set       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       (d) Description of how gift is held         (for the perting of the perting of the perting of transfere of gift       (d) Description of how gift is held         (for the perting of the perting of gift       (e) Transfer of gift       (d) Description of how gift is held         (g) No. from perting of the perting of gift       (e) Transfer of gift       (d) Description of how gift is held		from any one contributor. Complete columns (a)	through (e) and the following line ent	try. For organizations				
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Part i       (c) Fransfer of gift         (a) No.       (c) Purpose of gift         (c) Transfer of gift       (c) Use of gift         (c) Transfer of gift       (c) Description of how gift is held         (c) No.       (c) Purpose of gift         (c) No.       (c) Purpose of gift         (c) No.       (c) Purpose of gift         (c) Use of gift       (d) Description of how gift is held         (c) Transfer of gift       (e) Transfer of gift         (a) No.       (c) Purpose of gift       (c) Use of gift         (a) No.       (c) Transfer of gift       (c) Use of gift         (a) No.       (c) Purpose of gift       (c) Use of gift         (a) No.       (c) Purpose of gift       (c) Use of gift         (a) No.       (b) Purpose of gift       (c) Use of gift         (c) Description of how gift is held       (c) Use of gift         (c) Transfer of gift       (c) Use of gift         (c) Transfere of gift       (c) Use of gift         (c) Purpose of gift       (c) Use of gift         (c) Description of how gift is held       (c) Use of gift         (e) Transfer of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (c) Description of how gift is held         (c)	(a) No.		·					
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from Part 1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held								
Part I     (c) Cool gift       (e) Transfer of gift       (e) Transfer of gift       Image: Cool gift       (e) Transfer of gift       (for the pool of gift <td>a) No.</td> <td>(b) Purpose of gift</td> <td>(c) Use of aift</td> <td>(d) Description of how gift is held</td>	a) No.	(b) Purpose of gift	(c) Use of aift	(d) Description of how gift is held				
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee		(2) 1 21 2000 01 911	(0) 000 01 g					
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee								
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Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee								
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee	-		(a) Transfer of sift	l				
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	F	Iransteree's name, address, ar	<u>a ZIP + 4</u>	Relationship of transferor to transferee				

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SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047		
			anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b		2020		
	Department of the Treasury nternal Revenue Service  Go to www.irs.gov/Form990 for instructions and the latest information.						
	e of the organization		& IMMIGRANT SERVICES,		Inspection ver identification number		
Nam		INC.	a		06-0653044		
Par	t I Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts	Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds	and other accounts		
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4		t end of year	writing that the assets held in donor advise	d fundo			
5	-		exclusive legal control?		Yes No		
6			dvisors in writing that grant funds can be u				
Ū	•		r donor advisor, or for any other purpose of				
	impermissible priva			0	Yes No		
Par	t II Conserva		ganization answered "Yes" on Form 990, Pa				
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).				
	Preservation	of land for public use (for example, recrea	tion or education) 🛛 🔄 Preservation of a	a historically im	portant land area		
	Protection o	f natural habitat	Preservation of a	a certified histo	ric structure		
		n of open space					
2	•	• •	ied conservation contribution in the form o				
_	day of the tax year				eld at the End of the Tax Year		
a L							
b	•		ucture included in (a)				
d			Ifter 7/25/06, and not on a historic structure				
ŭ							
3			eased, extinguished, or terminated by the o		ring the tax		
	year 🕨						
4	Number of states v	where property subject to conservation eas	ement is located				
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of				
	,	orcement of the conservation easements it					
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easeme	ents during the year		
7			ling of violations, and enforcing concernation	an accomente	duving the year		
7	Amount of expens	es incurred in monitoring, inspecting, nand	ling of violations, and enforcing conservation	on easements of	buring the year		
8		wation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)	)(4)(B)(i)			
•					Yes No		
9			on easements in its revenue and expense s				
	balance sheet, and	d include, if applicable, the text of the footr	ote to the organization's financial statemer	nts that describ	es the		
	organization's acc	ounting for conservation easements.					
Par			Art, Historical Treasures, or Oth	er Similar A	Assets.		
	•	the organization answered "Yes" on Form	, ,				
1a	•	· •	8, not to report in its revenue statement an				
			lic exhibition, education, or research in fur	•	DIIC		
Ь	•		icial statements that describes these items 8, to report in its revenue statement and ba		orke of		
D	-		exhibition, education, or research in furthe				
		ng amounts relating to these items:	exhibition, education, of research in future		, service,		
	-			▶ \$			
2							
	•	unts required to be reported under FASB A					
а	-		~	►\$_			
LHA	For Paperwork Re	eduction Act Notice, see the Instructions	for Form 990.	So	chedule D (Form 990) 2020		
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INTEGRATED	REFIGEE	S.	TMMTCRANT	SERVICES
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Caba		TED REFUGEE	S & IMMIGRA	ANT SERV	ICES,		53044 Page <b>2</b>
	dule D (Form 990) 2020 INC . t III Organizations Maintaining C	ollections of Art	Historical Tre	asures, or (	Other Si	imilar Asset	S (a continue d)
3	Using the organization's acquisition, accession						(continuea)
5	collection items (check all that apply):		s, check any of the r	ollowing that h	lake sigili	ican use of its	
а	Public exhibition	d		hange program	1		
b	Scholarly research	e		nange program			
c	Preservation for future generations	e					
4	Provide a description of the organization's co	lloctions and ovalain	how thoy further th	o organization	's avomnt	purposo in Part	VIII
5	During the year, did the organization solicit o						Am.
5	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arran						
	reported an amount on Form 990, Pai		ine in the englimination				
1a	Is the organization an agent, trustee, custodi		arv for contributions	s or other asset	ts not inclu	uded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII						
		·	Ū				Amount
с	Beginning balance					1c	
d	Additions during the year					1d	
	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fe	orm 990, Part X, line :	21, for escrow or cu	istodial accoun	nt liability?	·	Yes No
b	If "Yes," explain the arrangement in Part XIII.						
Par	rt V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV	/, line 10.		1
		(a) Current year	(b) Prior year	(c) Two years	back (d)	Three years back	(e) Four years back
	Beginning of year balance	1,004,747.					
b	Contributions		984,261.				
с	Net investment earnings, gains, and losses	63,832.	20,486.				
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance	1,068,579.	1,004,747.				
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:			
а	Board designated or quasi-endowment		_%				
	Permanent endowment	%					
с	Term endowment  100						
•	The percentages on lines 2a, 2b, and 2c show	•					
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	id administered	d for the o	rganization	No. No.
	by:						Yes No 3a(i) X
	(i) Unrelated organizations						
h	(ii) Related organizations						
4	Describe in Part XIII the intended uses of the						
_	t VI Land, Buildings, and Equipm		inent lands.				
	Complete if the organization answere		. Part IV. line 11a. S	ee Form 990. F	Part X. line	e 10.	
	Description of property	(a) Cost or of	, <u>,</u>	or other	(c) Accu		(d) Book value
		basis (investm	• • •		. ,	ciation	(1) 2001. 10.20
<b>1</b> a	Land						
	Buildings						
	Leasehold improvements		4	1,705.	1	5,165.	26,540.
	Equipment			1,649.		1,469.	30,180.
	Other			8,312.			18,312.
Tota	I <b>.</b> Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part >	K. column (B), line 1(	0c.)			75,032.

Schedule D (Form 990) 2020

INTEGRATED	REFUGEE	&	IMMIGRANT	SERVICES,
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INC. Schedule D (Form 990) 2020

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
. ,	al derivatives			
	held equity interests			
(3) Other				
(A)				
<u>(B)</u>				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(b) must squal Form 000, Dart V, sol. (D) line 12.)			
	(b) must equal Form 990, Part X, col. (B) line 12.)			
- are vin	Complete if the organization answered "Yes" of	on Form 000 Part IV line	11c See Form 900 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)		(2) 20011 1440		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (	(b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (2, )				
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	<u>15.</u> )		
Turtx	Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11e or 11f See Form 990 Part X line 25	
1.	(a) Description of liability	on on 350, raitiv, line		(b) Book value
	deral income taxes			(1) 20011 14:00
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990. Part X. col. (B) line	25)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ...

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

Schedule D (Form 990) 2020

032053 12-01-20

	edule D (Form 990) 2020 INC •		0653044 <sub>Page</sub>	e 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	. 1	3,232,166	5.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а				
b	Donated services and use of facilities 2b 19,028	3.		
с	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.) 2d			
е	Add lines <b>2a</b> through <b>2d</b>	2e	63,892	
3	Subtract line 2e from line 1	3	3,168,274	<u>1.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
С	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	3,168,274	1.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Returi	า.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	. 1	3,221,978	<u>.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 19,028	3.		
b	Prior year adjustments 2b	_		
С	Other losses 2c	_		
d	Other (Describe in Part XIII.) 2d		4 0 0 0 0	_
е	<b>o</b>		19,028	<u>3.</u>
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,202,950	).
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_		
-	Other (Describe in Part XIII.) 4b			
b			-	
	Add lines 4a and 4b	4c	1	<u>L.</u>
с 5		4c	1 3,202,951	1. L.

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:

#### THE ENDOWMENT CONSISTS OF FUNDS TO BE USED IN THE SUPPORT OF THE

### ORGANIZATION'S MISSION

#### PART XII, LINE 4B - OTHER ADJUSTMENTS:

### ROUNDING DIFFERENCE

032054 12-01-20

1.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047			
(Form 990 or 990-EZ)	Complete if the	or if the	2020								
Department of the Treasury			Open to Public								
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.										
Name of the organization	INTEGRA	TED REFUGEE & IMMI	GRAI	1T 2	SERVICES,		Employer ide	entification number $044$			
	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not			
<ol> <li>Indicate whether the a Mail solicitat</li> <li>Mail solicitat</li> <li>Internet and</li> <li>Phone solicitat</li> <li>In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ol>	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes				
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization			
			Yes	No							
		n is registered or licensed to solicit o	contrib	▶ utions	or has been notified	it is	exempt from re	gistration			
		ing and the location of a state	000	000 -		<b>.</b>					
LHA For Paperwork Re	eauction Act Noti	ice, see the Instructions for Form 9	990 or	990-E	Z. §	sche	aule G (Form 9	990 or 990-EZ) 2020			

032081 11-25-20

# Schedule G (Form 990 or 990-EZ) 2020 INC .

06-0653044 Page 2

**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.

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	Is greater than \$5,000.
			RUN FOR		NONE	(d) Total events
			REFUGEES		NONE	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	193,319.			193,319.
Ъе	·		199,919.			199,919.
	2	Less: Contributions	104,931.			104,931.
	3	Gross income (line 1 minus line 2)	88,388.			88,388.
		· · · · · · · · · · · · · · · · · · ·	,			· ·
	4	Cash prizes				
	5	Noncash prizes	226.			226.
nses	6	Rent/facility costs	7,666.			7,666.
×pe	0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7,000.
Direct Expenses	7	Food and beverages	2,286.			2,286.
ä	8	Entertainment	2,504.			2,504.
	9	Other direct expenses				60,658.
	10	Direct expense summary. Add lines 4 through			▶	73,340.
	11	Net income summary. Subtract line 10 from I			•	15,048.
Pa	rt I					· ·
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
eve						
٣	1	Gross revenue				
<i>"</i>	2	Cash prizes				
Se						
Direct Expenses	3	Noncash prizes				
цц						
lie	4	Rent/facility costs				
니			1	1		

%

Yes

No

%

Yes

No

Yes

No

a Is the organization licensed to conduct gaming activities in each of these states?

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 b If "Yes," explain: \_\_\_\_\_\_

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:

032082 11-25-20

5

Other direct expenses

6 Volunteer labor

**b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2020

Yes

Yes

No

No

%

Sch	edule G (Form 990 or 990-EZ) 2020 INC. 0	<u>6-0653</u>	044	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No 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:			
a	a The organization's facility	<b>13</b> a		%
k	o An outside facility	13b		%
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
F	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
Ľ	of gaming revenue retained by the third party  \$			
	s If "Yes," enter name and address of the third party:			
Ľ	in res, entername and address of the time party.			
	Name			
	Address			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Director/officer			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
k	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 🕨 💲			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
0320	83 11-25-20 Schedule G (	Form 990	or 990	-EZ) 2020

13531112 734569 IRIS3044

		INTEGRATED	REFUGEE	&	IMMIGRANT	SERVICES,		
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	INC.					06-0653044	Page 4
		(continued)						
						Sch	edule G (Form 990 or	990-EZ)

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		OME	No. 1545-0047	
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury Internal Revenue Service	► Attach to Form 990.									
	Name of the organization       INTEGRATED REFUGEE & IMMIGRANT SERVICES,       Employer identification number         INC.       06-0653044									
Part I General I	Part I General Information on Grants and Assistance									
-	zation maintain records		-			-				
	award the grants or assis							X Y	es 🔄 No	
	IV the organization's pro									
	nd Other Assistance to hat received more than \$	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any		
	ddress of organization vernment	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpos or assis		
2 Enter total numb	per of section 501(c)(3) a	nd government or	anizations listed in the	e line 1 table			•	<b>&gt;</b>		
	per of other organization	с с		·····				<b>&gt;</b>		
LHA For Paperwork	Reduction Act Notice	, see the Instruction	ons for Form 990.					Schedule I (F	orm 990) 2020	

06-0653044

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ASSISTANCE TO IMMIGRANTS AND REFUGEES FOR COSTS INCLUDING HOUSING, FOOD, AND DIRECT CASH					
ASSISTANCE	2500	549,118.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) 2020

A CASEWORKER IS ASSIGNED TO EACH IMMIGRANT OR REFUGEE AND A FILE IS

MAINTAINED FOR EACH INDIVIDUAL RECEIVING ASSISTANCE INCLUDING SUPPORTING

DOCUMENTATION FOR THE CASH OUTLAY.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

TNC.

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. INTEGRATED REFUGEE & IMMIGRANT SERVICES,



06-0653044

III, LINE 1, FORM 990, PART DESCRIPTION OF ORGANIZATION MISSION:

HAD ARRIVED IN PREVIOUS YEARS. IRIS MEETS THEIR BASIC NEEDS - HOUSING,

FOOD, FURNITURE, CLOTHING - AS WELL AS OFFERS SERVICES TO HELP THEM

INTEGRATE INTO THE COMMUNITY AND BECOME ECONOMICALLY SELF-SUFFICIENT

INCLUDING INTENSIVE CASE MANAGEMENT; ENGLISH CLASSES; HEALTHCARE

COORDINATION; WELLNESS PROGRAMS; AND EMPLOYMENT EDUCATION, YOUTH, AND

IRIS'S LAWYERS REPRESENT IMMIGRATION LEGAL SERVICES. IN ADDITION

ASYLUM SEEKERS ON THEIR ASYLUM CASES AND IMMIGRANTS IN THEIR REMOVAL

PROCEEDINGS. IRIS PROVIDES EXTENSIVE OPPORTUNITIES FOR COMMUNITY

ENGAGEMENT - VOLUNTEER OPPORTUNITIES; CULTURAL COMPANIONS; ART, MUSIC,

AND OTHER CULTURAL EVENTS, AND COMMUNITY CO-SPONSORSHIP.

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

ENGAGEMENT - VOLUNTEER OPPORTUNITIES; CULTURAL COMPANIONS; ART, MUSIC

AND OTHER CULTURAL EVENTS, AND COMMUNITY CO-SPONSORSHIP.

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

THE ORGANIZATION'S FORM 990 IS PREPARED BY THE INDEPENDENT PUBLIC

ACCOUNTING FIRM, REVIEWED BY MANAGEMENT AND THEN SENT TO ALL CURRENT BOARD

(GOVERNING BODY) FOR REVIEW BEFORE THE FORM IS FILED. MEMBERS

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

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY AT A BOARD MEETING AND

BOARD MEMBERS ARE REQUIRED BY MANAGEMENT TO DISCLOSE INTERESTS THAT COULD

GIVE RISE TO CONFLICTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization       INTEGRATED       REFUGEE       IMMIGRANT       Employer identification number         INC.       06-0653044	Schedule O (Form 990 or 990 EZ) 2020 Page 2							
	Name of the organization		REFUGEE	&	IMMIGRANT	SERVICES,		

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

THE EXECUTIVE DIRECTORS SALARY IS REVIEWED YEARLY AND APPROVED BY THE

BOARD. COMPARABLE DATA FROM SIMILAR ORGANIZATIONS WAS REVIEWED AS PART OF

THE PROCESS. THERE ARE NO OTHER COMPENSATED OFFICERS OR KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC UPON WRITTEN

REQUEST TO THE ORGANIZATION'S MAILING ADDRESS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN

REQUEST TO THE ORGANIZATION'S MAILING ADDRESS