			EXTEND	ED TO NOVEMBER 15, 2	021	
	Ω	00	Return of Orga	inization Exempt Fron	n Income Tax	OMB No. 1545-0047
For	m J	90	Under section 501(c), 527, or 49	47(a)(1) of the Internal Revenue Code	(except private foundatio	
Dens	rtment	of the Treasury	Do not enter social	security numbers on this form as it m	ay be made public.	Open to Public
Interr	nal Reve	enue Service		ov/Form990 for instructions and the la		Inspection
			dar year, or tax year beginning	and ending		
Ba	Check if pplicab		of organization	ENTER FOR	D Employer identified	cation number
	Addre	L KELO	JGEE & IMMIGRANT C CATION & LEGAL SER			
	Name			VICES	74-24369	20
	_chang		pusiness as RAICES r and street (or P.O. box if mail is not (delivered to street address) Room/s		
-	_returr Final	1305	5 N FLORES STREET			
L	→returr termin ated	n	town, state or province, country, ar	d ZIP or foreign postal code	G Gross receipts \$	26,652,433.
	Amer	nded CANT	ANTONIO, TX 7821		H(a) Is this a group re	
			and address of principal officer: LI		for subordinates	
	pend		AS C ABOVE		H(b) Are all subordinates ir	
1 1	Tax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or		list. See instructions
			RAICESTEXAS.ORG		H(c) Group exemptio	
				Association Other ► L Y	/ear of formation: 1986	A State of legal domicile: TX
Pa	art I	Summary				
e	1	Briefly describ	be the organization's mission or mo	ost significant activities: DIRECT L	EGAL AND SOCI.	AL SERVICES
Activities & Governance				NTS, ASYLUM-SEEKERS,		
/err	2		-	continued its operations or disposed of r		ssets. 6
Go	3		oting members of the governing boo			6
م	4		dependent voting members of the g of individuals employed in calenda		331	
itie	5				284	
ctiv				y) column (C), line 12		0.
Ă			I business taxable income from For		0.	
					Prior Year	Current Year
Ø	8	Contributions	and grants (Part VIII, line 1h)		41,186,787.	25,627,900.
nue	9	Program serv	ice revenue (Part VIII, line 2g)		818,761.	199,645.
Revenue	10			, 4, and 7d)	496,752.	470,102.
	11		e (Part VIII, column (A), lines 5, 6d,	2,727.	1,984.	
	12			al Part VIII, column (A), line 12)	42,505,027.	26,299,631.
	13		milar amounts paid (Part IX, colum		818,826.	880,769.
			to or for members (Part IX, column		0. 15,180,638.	0. 21,780,731.
ses	15	Salaries, othe	r compensation, employee benefits	s (Part IX, column (A), lines 5-10)	15,100,050.	21,780,731.
Expenses	10a	Total fundraia	undraising lees (Part IX, column (A	s (Part IX, column (A), lines 5-10)), line 11e)	•	0.
Ĕ	17	Othor oxpons	(D), ing expenses (Part IX, column (D),	1d, 11f-24e)	16,572,377.	12,981,141.
	18			t IX, column (A), line 25)	32,571,841.	35,642,641.
	19	-		ne 12	9,933,186.	-9,343,010.
or					Beginning of Current Year	End of Year
t Assets or ad Balances	20	Total assets (Part X, line 16)		57,356,927.	52,099,653.
t As d B	21	Total liabilities	s (Part X, line 26)		1,234,589.	5,330,930.
Fun	22	Net assets or	fund balances. Subtract line 21 fro	om line 20	56,122,338.	46,768,723.
	art II	U				
				rn, including accompanying schedules and sta		y knowledge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than off	icer) is based on all information of which prep	arer has any knowledge.	
		SIGN	ED AND SUBMITTED ELECTR	RONICALLY	<u>11/12/21</u>	
Sig		· ·	e of officer		Date	
Her	e		DUNN, INTERIM CHI print name and title	EF OP. OFFICER		
		Print/Type pre		Preparer's signature	Date Check	PTIN
Paid	ł		K ARMSTRONG	ANGELA K ARMSTRONG		
	-		DDICCC & VECELV			

	I i illivi yhe hid	pare		I i reparer s signatu	16				
Paid	ANGELA	Κ	ARMSTRONG	ANGELA K	ARMSTRONG		/21 if self-employed		
Preparer			BRIGGS & VESELKA				Firm's EIN ▶ 74	-176913	18
Use Only	Firm's addres	s 🕨	NINE GREENWAY PL	AZA, SUI	re 1700				
			HOUSTON, TX 7704	6			Phone no.713-	667-914	47
May the IRS discuss this return with the preparer shown above? See instructions X Yes No									
032001 12-2	23-20 LHA	For	Paperwork Reduction Act Notic	ce, see the separ	ate instructions.			Form 99	0 (2020)

Form	REFUGEE & IMMIGRANT CENTER FOR 990 (2020) EDUCATION & LEGAL SERVICES 74-2436920 Page
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	IN PURSUIT OF A COMPASSIONATE SOCIETY WHERE ALL PEOPLE HAVE THE RIGHT
	TO MIGRATE AND HUMAN RIGHTS ARE GUARANTEED, RAICES DEFENDS THE RIGHTS
	OF IMMIGRANTS AND REFUGEES; EMPOWERS INDIVIDUALS, FAMILIES, AND
	COMMUNITIES; AND ADVOCATES FOR LIBERTY AND JUSTICE.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 21,710,955. including grants of \$ 241,181.) (Revenue \$ 201,625]
	DIRECT CLIENT SERVICES: RAICES PROVIDES TRAUMA-INFORMED,
	CULTURALLY-SENSITIVE AFFIRMATIVE AND DEFENSIVE LEGAL SERVICES TO
	LOW-INCOME IMMIGRANTS IN DETENTION AND COMMUNITY SETTINGS THROUGHOUT
	TEXAS, INCLUDING PRO-BONO REPRESENTATION FOR DETAINED FAMILIES AND
	UNACCOMPANIED CHILDREN, REMOVAL DEFENSE, AND RESIDENCY AND CITIZENSHI
	FILINGS. IN 2020, RAICES OPENED 10,548 LEGAL CASES AND PROVIDED CLIEN
	ACCESS TO WRAP-AROUND SOCIAL SERVICES CASE MANAGEMENT, INCLUDING
	PATHWAYS TO EMERGENCY FINANCIAL ASSISTANCE, HOUSING, FOOD, CLOTHING,
	MEDICAL CARE, TRANSPORTATION, SAFETY PLANNING, SCHOOL ENROLLMENT FOR
	MINORS, AND ESL TUTORING, AMONGST OTHER CORE NEEDS. RECOGNIZING THAT
	ASYLUM-SEEKERS ARE 175% MORE LIKELY TO BE GRANTED RELIEF IF THEY HAVE
	LEGAL REPRESENTATION, RAICES MAINTAINED DIRECT SERVICE PROVISIONS
4b	
40	(Code:) (Expenses \$ 5,080,837. including grants of \$ 617,743.) (Revenue \$ REFUGEE RESETTLEMENT: DEVELOPED IN COLLABORATION WITH NATIONAL PARTNE)
	USCRI FOR THOSE CLASSIFIED AS REFUGEES, ASYLEES, CERTIFIED VICTIMS OF
	SEVERE FORMS OF TRAFFICKING, CUBAN AND HAITIAN ENTRANTS, CERTAIN
	AMERASIANS, AND SPECIAL IMMIGRANT VISA HOLDERS FROM IRAQ AND
	AFGHANISTAN, RAICES' REFUGEE RESETTLEMENT PROGRAMMING PROVIDES PATHWAY
	FOR INDIVIDUAL AND FAMILY SELF-SUFFICIENCY THROUGH ACCESS TO LEGAL
	COUNSEL, CASE MANAGEMENT THAT ENSURE PUBLIC BENEFITS ARE ACCESSED AND
	LEVERAGED IN FULL, HOUSING AND FOOD ASSISTANCE, JOB AND SCHOOL
	PLACEMENT, AND HEALTHCARE. DURING THE FEDERAL GOVERNMENT'S FISCAL YEAD
	ENDING ON SEPTEMBER 30,2020, RAICES SERVICE PROVIDERS WELCOMED 222
	PARENTS AND CHILDREN FROM AFGHANISTAN, DEMOCRATIC REPUBLIC OF THE
	CONGO, IRAN, AND MYANMAR TO THE SAN ANTONIO AREA, DESPITE HEIGHTENED
4c	(Code:) (Expenses \$ 1,990,080. including grants of \$ 21,845.) (Revenue \$
	RIGHTS ADVOCACY: RAICES LITIGATION AND COMMUNITY ORGANIZING PRIORITIE
	ARE ESTABLISHED BY OBSERVING THE NEEDS AND INTERESTS OF DIRECT SERVIC
	RECIPIENTS, RECOGNIZING THE SYSTEMIC DENIAL OF ACCESS TO COUNSEL IN
	DETENTION COMPOUNDED BY COVID-19, RAICES LITIGATION ACTION IN 2020
	SOUGHT TO PRESERVE THE CREDIBLE FEAR STANDARDS USED BY ASYLUM OFFICER
	AND TO IMPROVE ACCESS TO COUNSEL FOR INDIVIDUALS AND FAMILIES IN ICE
	DETENTION, FOCUSING ON KARNES (NEAR SAN ANTONIO), MONTGOMERY (NEAR
	HOUSTON), PEARSALL (NEAR SAN ANTONIO), AND PRAIRIELAND (NEAR DALLAS)
	DETENTION CENTERS. IN ADDITION, RAICES PURSUED SYSTEMIC CHANGE WITH T
	UNDERSTANDING THAT LAW AND POLICY EXIST DOWNSTREAM FROM CULTURE.
	THROUGH DIGITAL ORGANIZING, PUBLIC ART INSTALLATIONS, AND EDUCATIONAL
	VIDEO CONTENT INCLUDING "IMMIGRATION IS A BLACK ISSUE," RAICES
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 26,781,872.
	Form 990 (2
3200	SEE SCHEDULE O FOR CONTINUATION(S)
	2
- 1	112 134672 73221 2020.05000 REFUGEE & IMMIGRANT CENTER 73221

REFUGEE &	II	MMIGRAN	1Т	CENTER	FOR
EDUCATION	&	LEGAL	SI	ERVICES	

1 Is the organization described in section 501(c)(0) or 4947(a)(1) (other than a private foundation)? 1 X 2 Is the organization engine in dice to indice to policite block appage and whites on behalf of or in opposition to candidates for public office? If ''res', complete Schedule C, Part I 3 X 3 Section 501(c)(3) organizations. Dick the organization angage in lobbying activities, or have a section 501(h) election in effect during the taxy year // Yres, 'complete Schedule C, Part I 4 X 5 Is the organization assection 300(c)(4), 501(c)(6), 501(c)(6)				Yes	No
2 Is the organization engage in direct or index policieal campaging activities on ball of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(6)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f) election in effect did uring that usy and I' Yes," complete Schedule C, Part I. 4 X 5 Is the organization as defined in Revenue Procedure 301(7) (rs), complete Schedule C, Part II. 5 X 6 Did the organization martian any doner advised funds or any similar funds or accounts for Wes, "complete Schedule D, Part II. 6 X 7 Did the organization martian collections of works of at, histocical treasures, or other similar accounts is Schedule D, Part II. 6 X 8 Did the organization martian collections of works of at, histocical treasures, or other similar assets? If Yes, "complete Schedule D, Part II. 7 X 9 Did the organization martian to collections of works of at, histocical treasures, or other similar assets? IV Yes, "complete Schedule D, Part II. 10 X 10 Did the organization martian to collowing questions is "Yes," then complete Schedule D, Part V. 10 X 11 If the organization perturbation directly or theory and the following questions is "Yes," then complete Schedule D, Part V. 10	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
B Ddt the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public othe? If "Yes," complete Schedule C, Part I 3 X B Section 501(b) organizations. Dd the organization engage in lobbying activities, or have a section 501(b) election in effect during the taxyear II "Yes," complete Schedule C, Part II 4 X B Did the organization markina any domar advised funds or any smith funds or accounts? If "Yes," complete Schedule C, Part II 5 X B Did the organization markina any domar advised funds or any smith funds or accounts? If "Yes," complete Schedule D, Part II 6 X B Did the organization markina any domar advised funds or any smith funds or accounts? If "Yes," complete Schedule D, Part II 7 X B Did the organization markina on blactors of vorks of art, historical tosaurus, or other smithar assets? If "Yes," complete Schedule D, Part II 7 X B Did the organization markina collections of vorks of art, historical tosaurus, or other smithar assets? If "Yes," complete Schedule D, Part II 7 X B Did the organization any organization, hield schedule accurating, deit maragament, endit repar, or doth negation services? If "Yes," complete Schedule D, Part V 10 X B Did the organization report an amount for instance and the instancontex of the organization report an amount for instance and the	•	If "Yes," complete Schedule A			
public office // 'Yes,' complete Schedule C, Part // 3 X 4 Section 501(c)(3) organizations. Dd the organization enages in kebbying activities, or have a section 501(b) election in effect 4 X 5 Is the organization a section 501(c)(5) or 501(c)(6) or 501(c)(6) or 301(c)(6) or 301(c)(7) or 3			2	Δ	
9 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(b) election in effect 4 X 5 Is the organization a section 501(b)(b), 501(c)(b), or 501(c	3				v
during the tax year? If Yes," complete Schedule C, Part II 4 X 5 Is the organization a section Schedule C, Part II 5 X 6 Did the organization matrix any done advised funds or any similar funds or accounts for Yes," complete Schedule D, Part II 6 X 7 Did the organization means and advised funds or any similar funds or accounts for Yes," complete Schedule D, Part II 6 X 7 Did the organization means area, or historic attructures II Yes," complete Schedule D, Part II 7 X 8 Did the organization matrix nollections of works of at, historical treasures, or other samouts not advised to many the such taxis or accounts for Yes," complete Schedule D, Part II 7 X 8 Did the organization funds areas, or historic attructures II Yes," complete Schedule D, Part II 8 X 9 Did the organization funds areas or historic attructures II Yes," complete Schedule D, Part V 8 X 10 Did the organization funds areas or historic attructures II Yes," complete Schedule D, Part V 10 X 11 If the organization funds areas or historic attructure II Yes," complete Schedule D, Part X 10 X 12 If the organization report an amount for investments - program related in Part X, line	4		3		
5 Is the organization accident 601(c)(6), or 601(c)(6), or 601(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Nervence Procedure 81-91 // Yis, complete Schedule C, Part II S X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to B G X 7 Did the organization maintain any donor advised funds or all investment funds or account similar sase(s) for Yes, "complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical intersues, or other similar asset(s) II Yes, "complete Schedule D, Part II 8 X 9 Did the organization right of mouthing used organization, hold assets in donor restricted endowments or in quals moowments / II Yes, "complete Schedule D, Part V 9 X 10 Did the organization right or through a related organization, hold assets in donor restricted endowments 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, ime 13, full field. If Yes, "complete Schedule D, Part V 11a X 12 Did the organization neotration reviews anount for investiments -other securitis in Part X, line 12, that is 5% or more	4		4		x
similar amounts as defined in Revolue Procedure 98-197 If Yes," complete Schedule 0, Part II 5 X 6 Dot the organization maintain any door advised funds or any similar funds or accounts for which donors have the right to b 6 X 7 Did the organization maintain any door advised funds or any similar funds or accounts for which donors have the right to b 6 X 8 Did the organization maintain collections of works of art, historical reasures, or other similar assets 71 "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical reasures, or other similar assets 71 "Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments 7 X 10 LX The organization report an amount for law balance schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If Yes," complete Schedule D, Part V 10 X 12 U the organization report an amount for investments - other securities in Part X, line 10? If Yes," complete Schedule D, Part X 11 X 13 Did the organization report an amount for investments - program related in Part X, line 12, If Part S X 11 X	5		4		
6 Did the organization maintain any door advised funds or any similar funds or accounts of "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation essement, including assements to preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization metrics collections of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization metrics of works of art, historical reasures, or other similar assets? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization report an amount in Part X, ine 21, for eacrow or custodial account liability, serve as a custodian for any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for leaded organization, include assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 11a X 11 If the organization report an amount for leaded organization is "Yes," then complete Schedule D, Part V 11a X 11 If the organization report an amount for investments - orber securities in Part X, line 10? If "Ns," complete Schedule D, Part V 11a X 111 X 11a X 11a X 11a	5		5		x
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II. 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes," complete Schedule D, Part IV 8 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for levels there is the structures in Part X, line 107 If 'Yes,' complete Schedule D, Part V 111a X 12 Did the organization report an amount for investments - organizate in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part XII 111a X 13 Did the organization report an amount for investments - organization report an amount for investments for the tax year include a forohore that addresset the organization service or consolicited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X 111a X	6				
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 'Ves,' complete Schedule D, Part // 7 X 8 X Did the organization maintain collections of vuoks of art, historical treasures, or other similar assets // If 'Ves,' complete Schedule D, Part // 8 X 9 Did the organization report an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts on the last 0. Part V 9 X 10 Did the organization report an amount in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts of the say of the following questions is 'Yes,' then complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part V 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part V 11a X 11 Did the organization report an amount for investments - orgam related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part V 11a X 11 Did the organization report an amount for investments -	•		6		х
the environment, historia land areas, or historia stractures? 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 Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 111 X 13 Did the organization report an amount for investments - Steps are complete Schedule D, Part X 114 X 14 X Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 116 X 15 Did the organizati	7				
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B B Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 11a X Did the organization report an amount for investments - roorgam related in Part X, line 10? If "Yes," complete Schedule D, Part XI 11a X 11b X Old the organization report an amount for threestments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11e X 11c X Did the organization report an amount for other isabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, ine 16? If "Yes," complete Schedule D, Part X 11e X 11c X Did the organization solution unoref IT & A (Jic S 27) If "Yes," co			7		х
Schedule D, Part III 8 X 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? 9 X 9 Did the organization, directed to unseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directed to partiation, hold assets in donorrestricted endowments or in quasi endowments? II "Yes," complete Schedule D, Part V 10 X 11 If the organization, directed to report an amount for investment is - there securities in Part X, line 10? II "Yes," complete Schedule D, Part VI 10 X 12 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part XII 11 X 13 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? II "Yes," complete Schedule D, Part X 114 X 14 Did the organization included in consolidated financial statements for the tax year? II "Yes," complete Schedule D, Part X 116 X 15 Did the organization included in section 170(b)(1)(4)(6) II "Yes," complete Schedule D, Part X 111 X	8				
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 crodit counseling, debt management, credit repair, or debt negatization services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If Yes, "complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part V 10 X a Did the organization report an amount for investments - other securities in Part X, line 10? If Yes, "complete Schedule D, Part VI 11 X b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VII 116 X c Did the organization report an amount for thre assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If Yes, "complete Schedule D, Part VII 116 X c Did the organization report an amount for other labilities in Part X, line 16? If Yes, "complete Schedule D, Part VII 116 X d Did the organization separate or consolidated financial statements for the tax year? If Yes," complete Schedule D, Part X 114 X 11d Ub the organization asset as upostons under PIA 48 (XSC 740)? If Yes," complete Schedule D, Part X		-	8		х
If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in door-restricted endowments 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VI, or X as applicable. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X 14 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII 11c X 11b X 11d X 11d X 11c X 11d X 11d X 11d X 11d X 11d X	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 11 X 11 2 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI 11 X 11 4 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI 11 X 4 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VI 116 X 4 Did the organization report an amount for other sates in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X 116 X 7 Did the organization separate or consolidated financial statements for the tax year include a foothote that addresses the organization islability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 117 X 7 Did the organization insubard on mount for other liabilities in Part X, line 15, Parts XI and XII 118<		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			200		<u> </u>
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Form 990 (2020)

Part IV Checklist of Required Schedules

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Form 990 (2020)	EDUCATIO	Ν	&	LEGAL	SE	RVICES		
Part IV Checklist of Required Schedules (continued)								

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			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	X	
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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	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	37	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			v
	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			v
6 2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	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	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa		30		
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 98	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	_		
	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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0 = 4	4			

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EDUCATION & LEGAL SERVICES

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2a 331 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note if the sum of lines 1 and 2a is greater than 250, you may be required to e-dile (see instructions) 3a 3a 3b 3b 3b 3c	_	990 (2020) EDUCATION & LEGAL SERVICES 74-2436	920	P	age 5			
22 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 331 bit at least one is reported on line 2a, did the organization file all required to detral employment tax returns? 2a 331 bit at least one is reported on line 2a, did the organization file all required to detral employment tax returns? 2a X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a bit 7'ves, 'has it filed a Form 390-T for this year? If 'No' for line 3b, provide an explenation on Schedule O 3b comparization have unrelated business gross income OF 1000 or more during the year? 3a bit 7'ves, 'then the the arms of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa was the organization have annual gross receives that are normally greater than \$100,000, and did the organization file form 3886-17? See Ca Does the organization nave annual gross receives that are normally greater than \$100,000, and did the organization solut See file Y'ves' of the organization include with every solicitation an express statement that such contributions or gifts ware not tax deductible? See file Y'ves' of the organization netwer symmet in excess of 3/5 made partly as a contribution and partly for grobias and services provided 7 To file Y'ves', 'indicate the number of	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			_			
tied for the calendary year ending with or within the year covered by this return 2a 331 b if at least one is reported on line 2a, did the organization file all required federal emplyment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a b if *ises' has filed a Como Solo Torins year? 3a 3a b if *ises' has filed a Como Solo Torins year? 3a b if *ises' has filed a Como Solo Torins year? 3a b if *ises' has filed a Como Solo Torins year? 3a b if *ises' enter the name of the foreign country. 5a See instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a c if *ises' to ise 5a or 5b, differe organization a park to a prohibited tax shelter transaction? 5a b Did any taxable party notify the organization that it was or is a park to a prohibited tax shelter transaction? 5a c if *ises' to ise 5a or 5b, differe organization and park to mogene statement that such contributions or gifts were not tax deductible as charitable contributions? 5a b If *ises, 'i do the organization include with every solicitation an express statement that such contract? 7a b If *ises, 'i do the organization include with every solicitation and partly for goods and services provided to the park to the organization include with every solicitation and partly for goods and services provided to the park to the organization and park to goo				Yes	No			
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3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a bit If Yes,' has if field a Form 900-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a A 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 lsuch as a bank account, securities account, or other financial accounts (FBAR). 5a 5b If Yes,' the inset the name of the foreign country lsuch as a bank account, securities account, or other financial accounts (FBAR). 5a 5a Was the organization ap any to a prohibited tax shelter transaction? 5a 5a Dot any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 5a Dot any taxable party notify the organization the BBE-T? 5c 5b If Yes,' did the organization neede anyment in excess orights that are noreally greater than \$100,000, and did the organization solid any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c 70 Organization needer apayment in excess (375 made party as a contribution and party for goods and services provided to the paraization needer aparted in express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 7d 71 To dit is forma 2822? 7d di	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
b If "Yes," has it field a Form 990-T for this yea? If "We' to line 3b, provide an explanation on Schedule 0 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorthy over, a francial account in a foreign country ≥ 4a b If "Yes," and the name of the foreign country >		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other innancial account)? 4a bit I''se," enter the name of the foreign country is the foreign bank and Financial Accounts (FBAR). 5a See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5b bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c 6 Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). 6a 7 Organization neceive a payment in excess of 575 made parity as a contribution and parity for goods and services provided to the payor? 7a 7 I' Yes," idid the organization netwe dispose of tangible personal property for which it was required to file Form 8282? 7c 7 Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a 7 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a 7 Id the organization netwe any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a 7 If the org	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
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See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Se Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa D di any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Sa So Boes 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? Sa b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Gb Organizations that may receive deductible contributions under section 170(c). Bif the organization notify the donor of the value of the goods or services provided? 7a 7b If "Yes," indicate the number of Forms 8282 filed during the year [7d] 7e 7c Id the organization receive any premiums, directly or indirectly, or a personal benefit contract? 7r. 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8889 as required? 7g 7g If the organization received a contribution of cars, boats, airplanes, or other valicles, did the organization file Form 8889 as required? 7f 7g If the organization received a contribution of cars, boats, airplanes, or other valicles, did the organization file Form 8889 as required? 7g <		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
5a Sa Sa b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactor? Sb c Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactor? Sb c If 'Yes' to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? Ga b If 'Nes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). Gb a Did the organization stat may receive deductible contributions under section 170(c). Gb a Did the organization stat may receive deductible contributions or gifts were not tax deductible, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c c Did the organization celve any funds, directly or indirectly, on a personal benefit contract? 7e d If 'Yes, 'indicate the number of Forms 8282 filed during the year aprenums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of casified intellectual property, did the organization file Form 8908 as required? 7f h If did the organization meavered a contribution o darks of funds.	b	If "Yes," enter the name of the foreign country ►						
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a 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.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 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. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b	d							
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amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 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. 12b a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b	a							
b 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. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b	100		120					
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b			120					
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b								
Note: See the instructions for additional information the organization must report on Schedule O. Image: Description of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13a					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b	u		100					
organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b	b							
c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b	~							
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b	С							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14a		X			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or I I I I		Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
excess parachute payment(s) during the year?			15		x			
If "Yes," see instructions and file Form 4720, Schedule N.								
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16	16		16		X			
If "Yes," complete Form 4720, Schedule O.								

Form **990** (2020)

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Form 990 (2020)

REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES

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

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

			Yes	N			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent 1b	6					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2					
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					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5					
6	Did the organization have members or stockholders?	6					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			Ι			
	persons other than the governing body?	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
	The governing body?	8a	Х	1			
b	Each committee with authority to act on behalf of the governing body?	8b	Х	T			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			T			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9					
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes				
0a	Did the organization have local chapters, branches, or affiliates?	10a					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			Τ			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		l			
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	T			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			T			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	L			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	T			
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			t			
	in Schedule O how this was done	12c	X				
3	Did the organization have a written whistleblower policy?	13	Х	T			
4	Did the organization have a written document retention and destruction policy?	14	Х	T			
5	Did the process for determining compensation of the following persons include a review and approval by independent			t			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a	x	1			
	Other officers or key employees of the organization	15b	X	t			
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			t			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
-4	taxable entity during the year?	16a		I			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		\dagger			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's						
	exempt status with respect to such arrangements?	16b		I			
ec	tion C. Disclosure	100		-			
7	List the states with which a copy of this Form 990 is required to be filed NONE						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c))	3)s only	/) avai	ila			
-	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O)	2,5 511)	,				
0	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fine	noial				
9		nu inal	loidi				
•	statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's books and records ►						
	1305 N FLORES STREET, SAN ANTONIO, TX 78212		1 990				

EDUCATION & LEGAL SERVICES

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Form 990 (202	20)	EDUCATION	&	LEGAL	SERV	VICES		74-2
Part VII C	ompensation	of Officers, Di	rec	tors, Trus	tees,	Key Employees	, Highest	Compensated
E	mployees, and	d Independent	Co	ntractors				

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A)	(B)			(C) Position						(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	heck ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
(1) JONATHAN RYAN	40.00			v					0	7 000		
CHIEF EXEC OFFICER (2) MICHELLE GARZA PAREJA	40.00			X				286,964.	0.	7,982.		
CHIEF OF LEGAL SVS	40.00					x		208,596.	0.	6,194.		
(3) BRENDAN COLTHURST	40.00							200,350.	0.	0,1940		
CHIEF TECHNOLOGY OFFICER	10000					x		206,796.	0.	6,194.		
(4) LIZ DUNN	40.00								•••	-,		
CHIEF OF DEVELOPMENT						x		205,565.	0.	5,650.		
(5) NATHAN JOHNSON, JR.	40.00											
CHIEF FINANCIAL OFFICER				X				198,201.	0.	6,194.		
(6) ERIKA ANDIOLA	40.00											
CHIEF ADVOCACY OFFICER						Х		175,473.	0.	6,194.		
(7) MAYRA JIMENEZ	40.00								_			
VICE PRESIDENT, LEGAL SERVICES						Х		176,135.	0.	4,800.		
(8) JOHN WALVOORD	1.00									•		
CHAIR	1 0 0	X		X				0.	0.	0.		
(9) OLGA KAUFFMANN	1.00	v		v				0.	0.	0		
SECRETARY (10) TONY DAVILA	1.00	X		X				0.	0.	0.		
TREASURER	1.00	x		x				0.	0.	0.		
(11) JOHN AGATHER	1.00							0.	0.	0.		
DIRECTOR	1.00	x						0.	0.	0.		
(12) JAYCI GIACCONE	1.00											
DIRECTOR		x						0.	0.	0.		
(13) DOLORES K.SCHROEDER	1.00											
DIRECTOR		x						0.	Ο.	0.		
		-										
		-		-								
		1										
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032007 12-23-20

Form **990** (2020)

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	990 (2020) EDUCATIO									/4-2	4303	920	Pa	age o
Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(da		Pos				Reportable	Reportable	,	Est	timate	ed
		hours per	box	, unles	ss pe	erson	than (is botl	n an		compensatio	on	am	ount	of
		week	offic	cer an	d a d	lirecto	or/trus	tee)	from	from related		(other	
		(list any	ctor						the	organization	s	com	oensa	ution
		hours for	dire				p		organization	(W-2/1099-MIS	SC)		om the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	,	,	orga	anizat	ion
		organizations	trust	al tru		yee	ompe					and	l relat	ed
		below	dual	ution	-	nplo	est cc oyee	er				orga	nizati	ons
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
			_	_		-	<u> </u>							
							+				-+			
46	Subtotal							_	1,457,730.		0.	4	3 2	08.
	Subtotal								0.		0.		, 2	0.
	Total from continuation sheets to Part V								-		0.		<u> </u>	
d	Total (add lines 1b and 1c)								1,457,730.			4.	5,4	08.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bov	e) wł	lo r	eceived more than \$100	,000 of reportab	le			
	compensation from the organization													18
											_		Yes	No
3	Did the organization list any former officer,	director, truste	ee, k	key e	emp	loye	e, or	hiç	phest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual		-	-	•				-		3		Х
4	For any individual listed on line 1a, is the su													
•	and related organizations greater than \$15			•					•	e e		4	х	
-												4		
5	Did any person listed on line 1a receive or a										'	_		v
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch	pers	son .					5		X
Sec	ion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ont	racto	rs	that received more than	\$100,000 of con	npensa	ation fi	rom	
	the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	thi	n the organization's tax	year.				
	(A)								(B)			(C)	
	Name and business	address							Description of s	ervices	Co	omper		n
OVA	RTZ LLC, 820 BROADWAY	. 11тн в	۲LC	OOF	۲.	N	EW		MANAGEMENT					
	K, NY 10003	,			- /				CONSULTANCY	SERVICES		46'	76	28.
-	-		<u>\ т</u>		100	<u> </u>	c	_	CREDENTIALED			- U E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20.
CERTIFIED LANGUAGES INTERNATIONAL, 4800 S												222		<u></u>
									CONTRACT INT			220	5,5	62.
RX TECHNOLOGY, 14220 NORTHBROOK DRIVE, SAN									COMPREHENSIVE IT					
ANT	ONIO, TX 78232								SUPPORT, INC	LUDING M		222	2,4	49.
THE	VERY SPECIFIC CORPOR	ATION		-			-		MEDIA, VIDEO					
	3 COLGATE AVENUE, LOS		3,	CZ	4 9	900	048		PRODUCTION,			195	5,0	00.
	WORKER AGENCY, LLC,								PRESS STRATE				, -	
	TE B, PMB 672, BERKEL						,		REPRESENTATI	-		1	7 0	35.
								_				TO	י, ז	55.
2	Total number of independent contractors (ot lii	mite	d to		~	stee	a above) who received m	nore than				
	\$100,000 of compensation from the organi	zation 🕨					8							

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Form **990** (2020)

Form 990 (2020) EDUCATI

REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES

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Pa		V 11	Check if Schedule O			response	e or note to any lir	ne in this Part VIII			
			Oneck in Schedule O	0011	<u>ans a</u>		s of hote to any in	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns			1a 1b					
Ū Č			Fundraising events			10					
ifts ar A			Related organizations			1d					
s, G mik			Government grants (conti			1e	68,510.				
ion Sig			All other contributions, gifts,				,				
but			similar amounts not included			1f	25,559,390.				
d d i		g	Noncash contributions included ir			1g \$	352,802.				
aŭ			Total. Add lines 1a-1f					25,627,900.			
							Business Code				
e	2	а	LEGAL FILING FEES				541100	199,645.	199,645.		
ēŽi	b										
enu Se		с									
ran Sev		d									
Program Service Revenue		е									
٩			All other program service								
		g	Total. Add lines 2a-2f				►	199,645.			
	3		Investment income (inclue	•							
			other similar amounts)					447,820.			447,820
		4 Income from investment of tax-exempt bond pro				•	-				
	5		Royalties								
			a .		, · · ·	i) Real	(ii) Personal				
	6		Gross rents		1						
			Less: rental expenses	6b	1						
			Rental income or (loss)	6c			`				
	-		Net rental income or (loss Gross amount from sales of	-		ecurities	(ii) Other				
	'	а	assets other than inventory			375,084	_				
		h	Less: cost or other basis	7a		575,004	•				
ē		U	and sales expenses	7b		352,802					
Revenue		~	Gain or (loss)			22,282					
Bev			Net gain or (loss)					22,282.			22,282
er	8		Gross income from fundraisi					,			,
đ	Ŭ		including \$	-		of					
			contributions reported on			-					
			Part IV, line 18		'						
		b	Less: direct expenses								
			Net income or (loss) from			·····	· ►				
	9		Gross income from gamin								
			Part IV, line 19	-		98	a				
		b	Less: direct expenses				b				
		с	Net income or (loss) from	gam	ning ac	tivities	►				
	10	а	Gross sales of inventory,	less	return	s					
			and allowances			10	a				
		b	Less: cost of goods sold			10	b				
		с	Net income or (loss) from	sale	s of in	ventory .	🕨				
<u>s</u>							Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS INCOM	ΙE			541100	1,984.	1,984.		
ent		b									
Sel Sel		с									
Mis			All other revenue								
		е	Total. Add lines 11a-11d			<u></u>	►	1,984.			
	12		Total revenue. See instruction	ons			►	26,299,631.	201,629.	0.	470,102
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Form 990 (2020)	EDUCATION	&	LEGAL	SERV
Part IX Statement of	of Functional Expe	ens	es	

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

	Check if Schedule O contains a respo	, nse or note to any line in	this Part IX	1 ()	X
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and general expenses	Fundraising
			expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	67 000	67 000		
	and domestic governments. See Part IV, line 21	67,992.	67,992.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	812,777.	812,777.		
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	499,341.		499,341.	
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	16,891,216.	12,152,733.	3,142,025.	1,596,458.
8	Pension plan accruals and contributions (include			• / = = = / • = • •	_,,
0	section 401(k) and 403(b) employer contributions)				
•		1,752,188.	1,390,084.	245,500.	116,604.
9 10	Other employee benefits	2,637,986.		465,634.	250,533.
10	Payroll taxes	<u> </u>	<u> </u>		430,333.
11	Fees for services (nonemployees):				
	Management	986,490.	986,490.		
		32,000.	900,490.	32,000.	
	Accounting	52,000.		52,000.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	2 1 0 0 1 0 7	1 270 264	720 161	180,462.
	column (A) amount, list line 11g expenses on Sch O.)	2,189,187. 48,683.		738,461. 892.	3,170.
12	Advertising and promotion			162,046.	73,936.
13	Office expenses	1,458,213. 219,569.	1,222,231.		
14	Information technology	219,309.	175,399.	21,925.	22,245.
15	Royalties				
16	Occupancy	1,133,115.	850,661.	282,454.	24 224
17	Travel	362,259.	314,294.	13,741.	34,224.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials \dots				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	10 452			
22	Depreciation, depletion, and amortization	18,453.	10,297.	8,156.	
23	Insurance	73,613.	16,806.	56,807.	
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.)				
а	BOND, FEES & PERMITS	5,110,611.	5,110,611.	26 - 1 4	
b	BANK CHARGES	549,411.	2,250.	36,514.	510,647.
С	TELEPHONE & INTERNET	290,022.	206,960.	82,243.	819.
d	FUNDRAISING EXPENSES	203,693.	4,560.	100.	199,033.
е	•	305,822.	221,023.	67,982.	16,817.
25	Total functional expenses. Add lines 1 through 24e	35,642,641.	26,781,872.	5,855,821.	3,004,948.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
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EDUCATION & LEGAL SERVICES

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га	τΧ	Balance Sneet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,241,311.	1	2,228,742.
	2	Savings and temporary cash investments			50,354,788.	2	47,050,755.
	3	Pledges and grants receivable, net			2,313,619.	3	1,606,642.
	4	Accounts receivable, net			91,362.	4	437,519.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali	•				
	-	under section 4958(f)(1)), and persons described				6	
Ś	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			74,603.	9	508,740.
		Land, buildings, and equipment: cost or other			-	-	-
		basis. Complete Part VI of Schedule D	10a	325,946.			
	b	Less: accumulated depreciation		158,496.	185,056.	10c	167,450.
	11	Investments - publicly traded securities			•	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	96,188.	15	99,805.		
	16	Total assets. Add lines 1 through 15 (must equa		57,356,927.	16	52,099,653.	
	17	Accounts payable and accrued expenses			1,234,589.	17	1,357,546.
	18	Grants payable	, , , , , , , , , , , , , , , , , , , ,	18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S	22	Loans and other payables to any current or form					
Liabilities	~~	trustee, key employee, creator or founder, subst					
liqu		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa				27	
	20	parties, and other liabilities not included on lines	-				
		of Schedule D			0.	25	3,973,384.
	26	Total liabilities. Add lines 17 through 25			1,234,589.	26	5,330,930.
	20	Organizations that follow FASB ASC 958, che				20	
ses		and complete lines 27, 28, 32, and 33.					
anc	27				53,772,445.	27	44,418,830.
Bal	28	Net assets with donor restrictions			2,349,893.	28	2,349,893.
pu	20	Organizations that do not follow FASB ASC 9				20	_,,
μ		and complete lines 29 through 33.	50, che				
P.	29	Capital stock or trust principal, or current funds			29		
ets	29 30	Paid-in or capital surplus, or land, building, or eq			29 30		
Ass	31	Retained earnings, endowment, accumulated in		F		31	
Net Assets or Fund Balances	32			F	56,122,338.	32	46,768,723.
z	32 33	Total net assets or fund balances			57,356,927.		52,099,653.
	55	Total habilities and het assets/fullu balances			5,,550,527.	33	Form 990 (2020)

Form **990** (2020)

Form 990 (2020) EDUCA'

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Form	1990 (2020) EDUCATION & LEGAL SERVICES	74-	2436920	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,299		
2	Total expenses (must equal Part IX, column (A), line 25)	2	35,642		
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,343		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	56,122	2,33	38.
5	Net unrealized gains (losses) on investments	5			
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	-10),6(05.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	46,768	3,72	23.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	2		
	consolidated basis, or both:				
	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		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-	dit		
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

REFUGEE & IMMIGRANT CENTER FOR

Form **990** (2020)

SCHEDULE A		Dublia Cha	with Ctatura an		alia C.	un n a ref		OMB No. 1545-0047		
(Form 990 or 990-EZ)			rity Status an					2020		
	Co		nization is a section 50 ⁻ 47(a)(1) nonexempt cha			or a section		Ζυζυ		
Department of the Treasury			Attach to Form 990 or F					Open to Public		
Internal Revenue Service		► Go to www.irs.go	v/Form990 for instructi	ons and t	he latest i	nformation.		Inspection		
Name of the organizati	on REFU	GEE & IMM	GRANT CENTER	FOR				identification number		
			EGAL SERVICES				74-2436920			
Part I Reason	for Public (Charity Status.	(All organizations must o	omplete tl	his part.) S	See instructior	ıs.			
The organization is not a	private found	lation because it is:	(For lines 1 through 12, o	heck only	one box.)					
1 🗌 A church, cor	nvention of ch	urches, or associat	on of churches describe	d in sectio	on 170(b)([.]	1)(A)(i).				
2 A school des	cribed in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)					
3 A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	ii).				
4 A medical res	earch organiz	ation operated in co	onjunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
city, and state	e:									
5 📃 An organizati	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
section 170	(b)(1)(A)(iv). (C	Complete Part II.)								
6 A federal, sta	te, or local gov	vernment or govern	mental unit described in	section 17	70(b)(1)(A)	(v).				
7 An organizati	on that norma	Illy receives a subst	antial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
section 170(b)(1)(A)(vi). (Co	omplete Part II.)								
8 A community	trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9 An agricultura	al research org	ganization described	d in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
or university of	or a non-land-g	grant college of agri	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or		
university:										
10 X An organizati	on that norma	Illy receives (1) more	e than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, ar	nd gross receipts from		
activities relation	ted to its exen	npt functions, subje	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment		
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
See section	See section 509(a)(2). (Complete Part III.)									
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
0	12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or									
more publicly	supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section	5 09(a)(3). C	Check the box in		
	-	• •	of supporting organizatio				-			
			supervised, or controlled							
			egularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	upporting		
		complete Part IV, S								
			d or controlled in connec			-	• • •	-		
			ganization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
			, Sections A and C.							
			ng organization operated				lly integrate	ed with,		
	•		s). You must complete I			-				
			porting organization oper				0	()		
		0	ization generally must sa	•		•	d an attent	iveness		
		,	mplete Part IV, Sections							
			written determination fro			а туре ї, туре	II, Type III			
			onally integrated support							
			od organization(a)							
g Provide the followi (i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetarv	(vi) Amount of other		
organization			(described on lines 1-10	Yes	ng document?	support (see ir	-	support (see instructions)		
			above (see instructions))							
			1							
Total										
	duction Act N	otice, see the Inst	ructions for Form 990 o	r 990-EZ.	032021 01-	25-21 Sche	dule A (For	m 990 or 990-EZ) 2020		

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Schedule A (Form 990 or 990-EZ) 2020 EDUCATION & LEGAL SERVICES

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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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(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	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						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)	•	•	12	
	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (line 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶∟
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box
	and stop here. The organization qual	ifies as a publicly s	supported organi	zation			
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check th	is box and stop he	e re. Explain in Par	t VI how the organi	zation
				ublicly supported	organization		
h	meets the facts-and-circumstances te	est. The organization	on qualifies as a p	Jublicity Supported	organization		
	meets the facts and circumstances te 10% -facts-and-circumstances tes	-		• • • •			
		t - 2019. If the org	anization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	
	10% -facts-and-circumstances tes	t - 2019. If the org ne facts-and-circur	anization did not nstances test, ch	check a box on lin eck this box and s	ne 13, 16a, 16b, or stop here. Explain	17a, and line 15 is in Part VI how the	

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 EDUCATION & LEGAL SERVICES

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

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

	ction A. Public Support	() 00/5	// \ <u></u>	() 00/-	(() 0000	/a - · ·	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019		(e) 2020	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
_	include any "unusual grants.")	6,339,177.	6,944,849.	55,290,228.	41,186,787.	2	5,627,900.	135,388,94	1.
2	Gross receipts from admissions, merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the		766 776	000 000	010 701	1			
	organization's tax-exempt purpose		755,775.	900,093.	818,761.	172	99,645.	2,674,27	/4.
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5	6,339,177.	7,700,624.	56,190,321.	42,005,548.	2	5,827,545.	138,063,23	15.
7a	Amounts included on lines 1, 2, and								~
	3 received from disqualified persons								0.
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								0.
С	Add lines 7a and 7b								0.
	Public support. (Subtract line 7c from line 6.)							138,063,23	15.
	ction B. Total Support				1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019		(e) 2020	(f) Total	
	Amounts from line 6	6,339,177.	7,700,624.	56,190,321.	42,005,548.	2!	5,827,545.	138,063,23	5.
10a	Gross income from interest, dividends, payments received on								
	securities loans, rents, royalties,				-100				
	and income from similar sources	558.	498.	38,453.	512,552.	82	22,904.	1,374,96	5.
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b	558.	498.	38,453.	512,552.	82	22,904.	1,374,90	<i>i</i> 5.
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)			34,426.	2,727.		1,984.	39,13	7.
13	Total support. (Add lines 9, 10c, 11, and 12.)	6,339,735.	7,701,122.	56,263,200.	42,520,827.	20	6,652,433.	139,477,33	.7.
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c))(3) organizati	on,	
	check this box and stop here							▶□	
Sec	ction C. Computation of Publi	ic Support Pe	rcentage						
15	Public support percentage for 2020 (li	ine 8, column (f), c	livided by line 13,	column (f))		15		98.99	%
16	Public support percentage from 2019	Schedule A, Part	III, line 15			16		99.52	%
Sec	ction D. Computation of Invest	stment Incom	e Percentage						
17	Investment income percentage for 20	20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17		.99	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18		.48	%
	33 1/3% support tests - 2020. If the					33 1/3	%, and line 1	7 is not	
	more than 33 1/3%, check this box ar								Χ
b	33 1/3% support tests - 2019. If the						an 33 1/3%, a	and	
	line 18 is not more than 33 1/3%, che								
20	Private foundation. If the organization			•			•	·····	
	23 01-25-21			,, encentu) or 990-EZ) 20	020
				15			,	, -	
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Schedule A (Form 990 or 990-EZ) 2020 EDUCATION & LEGAL SERVICES

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

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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Schedule A (Form 990 or 990-EZ) 2020

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Sche	dule A (Form 990 or 990-EZ) 2020 EDUCATION & LEGAL SERVICES 74	4-243692	20 Pa	age 5
	t IV Supporting Organizations (continued)			
			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 on 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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among a			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	I		
			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	I		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	ctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	[,] (see instructio	ons).	
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			
	these sum at a crassical second and a solar have these activities directly furthered their exampt surpass			

- those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b 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 these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Schedule A (Form 990 or 990-EZ) 2020 EDUCATION & LEGAL SERVICES Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Illy integrat	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Sche	dule A (Form 990 or 990 EZ) 2020 EDUCATION & L	EGAL SERVICES		7	4-2436920 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ied)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	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	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	າຣ	(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: \$				
а	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:				
а	Excess from 2016				
b	Excess from 2017				
с	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A ((Form 990 or 990-EZ) 2020	EDUCATION	& LEGAL	SERVICES		74-2436920 _{Pa}
	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 5 (See instructions.)	2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	, 6, 9a, 9b, 9c, 11 Section E, lines	la, 11b, and 11c; 1c, 2a, 2b, 3a, ar	; Part IV, Section B, line: nd 3b; Part V, line 1; Par	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V
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SCHEDULE D Supplemental Financial Statements							1545-0047 20		
(Forr	n 990)	► Con Part IV. I	nplete if the org ine 6, 7, 8, 9, 10	anization answered , 11a, 11b, 11c, 11d	"Yes" on Form 990 , 11e, 11f, 12a, or 1	0, 2b.		<u> </u>	ZU
	ment of the Treasury I Revenue Service			Attach to Form 990	•			Open t Inspec	to Public
	mal Revenue Service ►Go to www.irs.gov/Form990 for instructions and the latest information. me of the organization REFUGEE & IMMIGRANT CENTER FOR							identificati	
	· · · · · · · · · · ·	EDUCATION	& LEGAL	SERVICES				4-2436	
Pa	rt I Organiza	ations Maintaining D	Donor Advise	ed Funds or Oth	er Similar Fund	ls or A	ccounts.	Complete if	the
	organizatio	n answered "Yes" on Forn	n 990, Part IV, lin						
				(a) Donor ad	vised funds	()	b) Funds an	d other acco	ounts
1		nd of year							
2		f contributions to (during)							
3		f grants from (during year)							
4 5		t end of year on inform all donors and de		writing that the asse	ts held in donor adv	ised fun	de		
5	-	on's property, subject to th		-				Yes	
6		on inform all grantees, don							
	•	ooses and not for the bene		•	•				
	impermissible priv	ate benefit?						Yes	🗌 No
Pa	t II Conserv	ation Easements. Co							
1	Purpose(s) of cons	servation easements held	by the organizat	ion (check all that ap	ply).				
	Preservation	n of land for public use (for	example, recrea	ation or education)	Preservation o	of a histo	rically impo	rtant land ar	ea
		of natural habitat			Preservation of	of a certi	fied historic	structure	
		n of open space							
2	•	through 2d if the organiza	ition held a quali	fied conservation co	ntribution in the forn	n of a co			
_	day of the tax yea							at the End of	the lax year
a k		onservation easements					2a		
b		ricted by conservation eas					2b 2c		
c d		vation easements included					20		
u		nal Register	., .	,			2d		
3		vation easements modified						ng the tax	
	year 🕨		, ,	, 3	, ,	5		5	
4	Number of states	where property subject to	conservation ea	sement is located >					
5	Does the organiza	tion have a written policy i	regarding the pe	riodic monitoring, ins	pection, handling of	f			
	violations, and enf	forcement of the conserva	tion easements i	t holds?				. 🗌 Yes	🗌 No
6	Staff and voluntee	er hours devoted to monito	oring, inspecting,	handling of violation	s, and enforcing co	nservatio	on easemen	its during the	e year
	▶								
7	Amount of expense	ses incurred in monitoring,	inspecting, hand	dling of violations, an	d enforcing conserv	ation ea	sements du	iring the yea	r
	▶\$								
8		vation easement reported							<u> </u>
•)(4)(B)(ii)?						. 📖 Yes	└── No
9		be how the organization re	-		-				
		d include, if applicable, the counting for conservation e		note to the organizat	ion s financial stater	nents th	at describe	stne	
Pa		ations Maintaining C		f Art. Historical	Treasures, or (Other 9	Similar A	ssets.	
		f the organization answere			,,				
1a		elected, as permitted und			s revenue statement	and bal	ance sheet	works	
		easures, or other similar as							
		Part XIII the text of the fo	-						
b	If the organization	elected, as permitted und	ler FASB ASC 95	58, to report in its rev	enue statement and	d balanc	e sheet wor	ks of	
	art, historical treas	sures, or other similar asse	ts held for public	exhibition, education	on, or research in fur	therance	e of public s	ervice,	
	provide the follow	ing amounts relating to the	ese items:						
	(i) Revenue included on Form 990, Part VIII, line 1								
	(ii) Assets included in Form 990, Part X								
2									
	the following amounts required to be reported under FASB ASC 958 relating to these items:								
a		on Form 990, Part VIII, lin							
		Form 990, Part X						dula D (T	
		eduction Act Notice, see	ine instruction	s ior Form 990.			Sche	dule D (Fori	11 990) 2020
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								_	

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Caba	dule D (Form 990) 2020 REFUGEE &				FOR		74	-2436920 Page 2
	dule D (Form 990) 2020 EDUCATION				0201100	or Othor		
	Using the organization's acquisition, accession,							, ,
3	collection items (check all that apply):	and other record	is, checr	any or the		ii make sign	incant use	01115
•	Public exhibition	d		l oop or ovo	hange progra			
a b	Scholarly research	e			nange progra			
b		e						
C ⊿	Preservation for future generations	otions and avalai	a how th	ov furthor t	bo organizati	on'o ovomn	t nurnaga i	in Dort VIII
4 5	Provide a description of the organization's colle During the year, did the organization solicit or re							in Fait All.
5	to be sold to raise funds rather than to be maint							Yes No
Par	t IV Escrow and Custodial Arrange							
	reported an amount on Form 990, Part X			organizatio				
1a	Is the organization an agent, trustee, custodian		liarv for	contributior	ns or other as	sets not inc	luded	
	on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowina t	able:				
	, I 3	·	5					Amount
с	Beginning balance						1c	
	Additions during the year						1d	
	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Form						·i ?	Yes No
	If "Yes," explain the arrangement in Part XIII. Cr					-		
Par	t V Endowment Funds. Complete if th	e organization an	swered	"Yes" on Fo	orm 990, Part	IV, line 10.		
	(4	a) Current year	(b) P	rior year	(c) Two year	rs back (d)	Three years	back (e) Four years back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curren	t year end balanc	e (line 1	g, column (a	a)) held as:			
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	_%						
с	Term endowment %							
	The percentages on lines 2a, 2b, and 2c should	equal 100%.						
3a	Are there endowment funds not in the possessi	on of the organiza	ation tha	at are held a	and administe	ered for the	organizatio	
	by:							Yes No
	(i) Unrelated organizations							
	(ii) Related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related organization)			3b
4	Describe in Part XIII the intended uses of the or		wment f	funds.				
Par	t VI Land, Buildings, and Equipmer							
	Complete if the organization answered "							
	Description of property	(a) Cost or or basis (investn			t or other (other)	(c) Accu depre		(d) Book value
4-	Land	Dasis (IIIVeStill			0,000	deprei	SIALIUIT	10,000.
	Land				<u>80,691</u> .	5	4,611	
	Buildings				8,563.		$\frac{4}{8}, \frac{011}{955}$	
	Leasehold improvements				6,692.		$\frac{0,935}{4,930}$	
	Equipment			,		<u> </u>	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Other	I al Form 000 Doct	X colur	nn (R) line '	10c)			167,450.
Tota	Aud lines ta through te. (Column (a) must equa	ai r'01111 990, Part	∧, coiun	ш (<i>D),</i> Шіе	100.)		🟲	1 107,450.

Schedule D (Form 990) 2020

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EDUCATION	&	LEGAL	SI	ERVICES	

(1) Financial derivatives	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(2) Closely held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(3) Other (3) (4) (5) (5) (6) (6) (7) (6) (6) (7) (9) (8) (9) (9) (9) (10) (10) (11) (12) (12) (12) (13) (12) (14) (12) (15) (12) (14) (12) (15) (12) (14) (12) (15) (12) (20) (21) (21) (21) (22) (21) (23) (21) (24) (21) (26) (21) (26) (21) (27) (21) (28) (21) (29) (21) (20) (21) (21) (22) (22) (21) (21) (22) (22)	(1) Financial derivatives			
(3) Other (3) Other (3) Other (3) Other (6) Other (3) Other (7) Other Labellities. (6) Other Labellities. (6) Other (6) Other Labellities. (7) Other Labellities. (9) Description of Invested of Yea' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) Other Assets. (9) Description of Invested of Yea' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (6) Other Assets. (9) Description of Invested of Yea' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (7) Other Assets. (9) Description (10) Other Assets. (1) Other Assets. (9) Description (10) Description (10) Book value (1) Other Assets. (9) Description (10) Description (10) Book value (1) Other Assets. (10) Other Assets. (1) Other Assets. (10) Other Assets. (10) Other Assets. (10) Description (10) Book value (11) Other Assets. (10) Other Assets. (12) Other Labollities. (10) Description (10) Description (10) Book value (11) Other Assets. (11) Other Assets. (12) Other Labollities. (11) Other Assets. (13) Other Assets. (11) Other Assets. <td></td> <td></td> <td></td> <td></td>				
(A) (B) (B) (C) (C) (D) (D) (D) (E) (D) (E) (D) (F) (D) (G)				
(B)				
(C) (D) (E) (D) (F) (D) (G)				
(0) (6) (7) (7) (8) (9) (9) (10) (11) (12) (12) (13) (14) (14) (15) (15) (16) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (11) (11) (12) (11) (12) (11) (12) (11) (12) (11) (12) (11) (12) (11) (12) (11) (12) (11) (12) (11) (12)				
(E) (A) (B) (A) (B) (B) (C) (B) (P) (C) (P) (D) (P)				
(F) (G) (G)				
(0) (H) (H) (H) (Part UIII) Investments - Program Related. (O) Method of valuation: Cost or end-of-year market value (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (10) (a) Description (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description				
(H) Total (CoL (b) must equal Form 990, Part X, coL (B) line 12.) ▶ Part VIII Investments - Program Related. (c) Method of valuation: Cost or end of year market value (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (c) Method of valuation: Cost or end of year market value (c) Method of valuation: Cost or end of year market value (1) (c) (c) (c) (2) (c) (c) (3) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (7) (c) (c) (a) (c) (c) (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (c) Part IX Other Assets. (c) (a) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (b) (c)<				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (d) (e) Method of valuation: Cost or end of year market value (f) (g) (h) Book value (e) Method of valuation: Cost or end of year market value (f) (g) (h) Book value (g) (h) Book value (h) must equal Form 990, Part X, col. (g) line 13.) ▶ Part IX Other Assets. (h) Description (h) Book value (h) Book value Form 990, Part X, col. (g) line 15.) (h) Federal income taxes (h) Description of liability (h) Book value (h) Federal income taxes (h) Book value (h) Fe				
Part Vill Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (c) (c) (c) (c) (3) (c) (c) (c) (c) (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (6) (c) (c) (c) (c) (a) Description (c) Book value (c) (c) (c) (1) (c) Description (c) Book value (c) (c) (c) (c) (3) (c) Description (c) Description (c) (c) (c) (c) (6) (c) (c) (c) (c) (c) (c) (7) (c) <td></td> <td></td> <td></td> <td></td>				
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial statements the	hat 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...

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Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

<u>.</u>	dule D (Form 990) 2020 EDUCATION & LEGAL SERVIC		74-2436920 Page 4
Fai	t XI Reconciliation of Revenue per Audited Financial State		enue per Return.
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ements With Exp	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	•	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t XIII Supplemental Information.		

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

SUPPLEMENTAL FINANCIAL INFORMATION

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SCHEDULE D, PART X LINE 2

APPLICATION FOR PPP LOAN FORGIVENESS WAS MADE ON SEPTEMBER 10, 2021.

ORGANIZATION EXPECTS THE LOAN TO BE FORGIVEN IN FULL.

032054 12-01-20

Dart XIII	Supplement
	(Form 990) 2020

32055 12-01-20	 	Schedule	D (Form 990) 202

SCHEDULE I (Form 990)	Go	Grants and Oth overnments, an lete if the organizatio	nd Individual	ls in the Ŭn i ' on Form 990, Pa	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
i tante el gamzatteri	E IMMIGRAN	NT CENTER FO SERVICES	DR				Employer identification number $74 - 2436920$
Part I General Information on Grants							
 Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's pr 	istance?						
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (g) Desc							(h) Purpose of grant or assistance
AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE NO 300 AUSTIN, TX 78751	74-1934031	501C3	38,446.	0.			GENERAL SUPPORT
CAMEROON AMERICAN COUNCIL 916 G. ST. NW WASHINGTON , DC 20001	36-4675028	501C3	10,000.	0.			GENERAL SUPPORT
FIRST GRACE COMMUNITY ALLLIANCE 3401 CANAL STREET NEW ORLEANS, LA 70119	26-3687178	501C3	17,046.	0.			GENERAL SUPPORT
CIRCLE OF HEALTH INTERNATIONAL 411 W MONROE ST AUSTIN, TX 78704	65-1213326	501C3	2,500.	0.			GENERAL SUPPORT
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 			ne line 1 table			•	

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

Schedule I (Form 990) 2020

Schedule I (Form 990) 2020

EDUCATION & LEGAL SERVICES

74-2436920

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) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HOUSING & FINANCIAL ASST	1325	812,777.	0.	FMV	

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

Form 990) For certain Offices, Directors, Trustess, Key Employees, and Highest Complete If the organization answered "Yes" on Form 990, Part IV, line 23. Autor to Form 900. Construction of the form 900. Construction answered "Yes" on Form 990, Part IV, line 23. Construction of the organization The Part I Outestions Regarding Compensation To Exist Development The organization The or	SCH	EDULE J	OMB	lo. 1545-0	047
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Department Attach to Form 990. Open to Public Impection Name of the organization REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES Employer identification number 74 - 2435920 Part Devices Devices Employer identification number 74 - 2435920 Part Devices Devices Employer identification number 74 - 2435920 Part UR, Section A, line 1a. Complete Part III to provide any often formation regarding these litens. Impection Part VII, Section A, line 1a. Complete Part III to provide any often the following to or for a person listed on Form 990. Yes Part VII, Section A, line 1a. Complete Part III to provide any often thomation regarding these litens. Personal residence Part of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expense described above (IT-Na, "omplete Part III to explain. 1b 2 Define organization on the GEO/Executive Director, regarding the lines checked on line 1a? 2 3 Indicate which, if any, of the following the organization used to establish the compensation committee IX. Written employment contract 2 4 During the year, did any person listed on Form 990. Part VII, Section A, line 1a, with respect to the filling organization or anisited organization? 4a X 4	(Compensated Employees		UZU	J
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Name of the organization REFUGEE & IMMIGRANT CENTER FOR Employer identification number 74-2436920 Part I Questions Regarding Compensation Yes No Indicate which, if any, of the following to or for a person listed on Form 990, Part VI, Section A, line 1a, Complete Part III to provide any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a, Complete Part III to provide any relevant information regarding these items. Yes No — First-tass or charter travel — Travel for companions — Travel for companions account Personal services (such as maid, chauffeur, charl) Image: Section A, line 1a, charling account Yes No b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursament or provision of all of the expenses described abov? If 'No,' complete Part III to explain. 1 Image: Section A, line 1a? 2 10 Id the organization consultant Compensation or four boundary operases incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 2 2 10 Id the organization consultant Compensation or the CEO/Executive Director, but opplain In Part III. 2 2 2 10 A cest weaphyment from a supplemental monqualified refirmment plan?					
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Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: Comparison of Comparison	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99	ю,		
Image: First-class or charter travel Image: Ima			,		
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c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c X Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a X a The organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.<	а	Receive a severance payment or change-of-control payment?		a	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: the image: th				b	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X contingent on the net earnings of: 6a X a The organization? 6a X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958.4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the	С	Participate in or receive payment from an equity-based compensation arrangement?		c 📃	X
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					
contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9					
a The organization? 5a X b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X contingent on the net earnings of: 6b X a The organization? 6b X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		-			v
If "Yes" on line 5a or 5b, describe in Part III. Image: Section 1 and the section 2 and the				a	
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				b	
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					
a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					v
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9					
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in If "Yes" on line 8, d			6)	A A
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III					v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				·	A A
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9					v
Regulations section 53.4958-6(c)?				\$ 	A A

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REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JONATHAN RYAN	(i)	286,964.	0.	0.	7,982.	0.	294,946.	0.
CHIEF EXEC OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE GARZA PAREJA	(i)	208,596.	0.	0.	6,194.	0.	214,790.	0.
CHIEF OF LEGAL SVS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRENDAN COLTHURST	(i)	206,796.	0.	0.	6,194.	0.	212,990.	0.
CHIEF TECHNOLOGY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LIZ DUNN	(i)	205,565.	0.	0.	5,650.	0.	211,215.	0.
CHIEF OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) NATHAN JOHNSON, JR.	(i)	198,201.	0.	0.	6,194.	0.	204,395.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ERIKA ANDIOLA	(i)	175,473.	0.	0.	6,194.	0.	181,667.	0.
CHIEF ADVOCACY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MAYRA JIMENEZ	(i)	176,135.	0.	0.	4,800.	0.	180,935.	0.
VICE PRESIDENT, LEGAL SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Page **2**

74-2436920

Schedule J (Form 990) 2020

Part III Supplemental Information

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

Schedule J (Form 990) 2020

	IEDULE M		Nonc	ash Contr	ibutions			MB No. 1545-0047	
(For	m 990)						202	20	1
			-	answered "Yes" o	on Form 990, Part IV, lines	29 or 30.			
	ent of the Treasury Revenue Service	 Attach to Form 990 Go to www.irs.gov 			Open to Inspec		IC		
Name	of the organization	REFUGEE & IN				Employer	identificatio	n nui	mber
	C C	EDUCATION &			-	7	4-24369	920	
Part	I Types of I					•			
			(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		l of determini Intribution an	0	S
1	Art - Works of art								
2	Art - Historical treas	ures							
		ests							
		ons							
		hold goods							
6	Cars and other vehi	cles							
7	Boats and planes								
9	Securities - Publicly	traded	Х	25	352,802.	FMV			
10	Securities - Closely I	held stock							
	Securities - Partners trust interests	ship, LLC, or							
12		neous							
13	Qualified conservation	on contribution -							
	Historic structures								
		on contribution - Other							
15	Real estate - Reside	ntial							
16	Real estate - Comme	ercial							
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical s	supplies							
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens	s							
24	Archeological artifac	xts							
25	Other 🕨 ()							
26	Other 🕨 ()							
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms 82	283 received by the organ	nization durin	g the tax year for o	contributions				
t	for which the organi	zation completed Form 82	283, Part V, I	Donee Acknowledg	jement 29				
								Yes	No
		-	-	•••••	ported in Part I, lines 1 throu	-			
		•			d which isn't required to be i				v
			d?				<u>30a</u>		X
	•	e arrangement in Part II.	P						v
					of any nonstandard contrib		31		X
	-			-	cit, process, or sell noncash				77
							<u>32a</u>		X
	If "Yes," describe in								
		ion't report an amount in	column (c) fo	or a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.				•			0000	
LHA	For Paperwork R	eduction Act Notice, see	e the Instruc	ctions for Form 99	υ.	Scheo	lule M (Form	1 990)	2020 (

O ale a duita M	(Fauna 000) 0000	REFUGEE & EDUCATION			FOR		74-2436920	Da. 11 0
Part II	Supplemental	I Information. Pr	rovide the inform umber of contrib	nation required by	Part I, lines 30b, 3 er of items receive	32b, and 33, a ad, or a combi	and whether the organi nation of both. Also co	Page 2 ization implete

Schedule M (Form 990) 2020

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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

 Z) 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.

REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES



Employer identification number 74 - 2436920

FORM 990, PART I, LINE 19:

RAICES RECEIVED UNPRECEDENTED SUPPORT IN 2018 AND 2019. IN 2020, RAICES

Supplemental Information to Form 990 or 990-EZ

APPLIED OPERATING CASH RESERVES FOR STRATEGIC INVESTMENTS TO ENSURE

LONG-TERM SUSTAINABILITY AS PUBLIC SUPPORT VACILLATED WITH THE ONSET OF

COVID-19, RESULTING IN A DEFICIT YEAR. GENERAL AND ADMINISTRATIVE

EXPENSES INCREASED DUE TO STAFFING FOR CRUCIAL COMPLIANCE DEPARTMENTS,

IN ADDITION TO TECHNOLOGY AND PROFESSIONAL SERVICES TO MAINTAIN SERVICE

PROVISIONS DURING THE PANDEMIC.

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

DESPITE COVID-19 BY IMPLEMENTING STRICT SAFETY PRECAUTIONS FOR CLIENTS

AND SERVICE PROVIDERS, AS WELL AS PIVOTING TO TELESERVICES WHEN

POSSIBLE.

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

FINANCIAL AND HEALTH UNCERTAINTY. IN ADDITION, RAICES LAUNCHED

CULTURALLY SENSITIVE MENTAL AND BEHAVIORAL HEALTH DIAGNOSTIC AND

TREATMENT SERVICES IN ACKNOWLEDGMENT OF THE IMPACT THAT

PANDEMIC-RELATED STRESSORS HAVE HAD ON INDIVIDUALS ALREADY PREDISPOSED

TO HIGHER THAN AVERAGE RATES OF DEPRESSION AND SUICIDAL IDEATION.

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

MOBILIZED COMMUNITY MEMBERS TO EXPAND PERMANENT PROTECTIONS FOR ASYLUM

SEEKERS, IMMIGRANTS, AND REFUGEES AND TO SHIFT THE DOMINANT U.S.

IMMIGRATION NARRATIVE TO ONE THAT WELCOMES, RESPECTS AND UPLIFTS

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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2020.05000 REFUGEE & IMMIGRANT CENTER 73221_1

IMMIGRANTS.

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

THE EXECUTIVE DIRECTOR AND THE BOARD REVIEW THE 990 PRIOR TO ITS FILING.

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

EACH RELEVANT PARTY IS REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ONCE ANNUALLY. IN THE EVENT OF A REAL OR PERCEIVED CONFLICT, THE PARTY MUST DISCLOSE ITS EXISTENCE AND ALL MATERIAL FACTS TO THE BOARD, AFTER WHICH THE REMAINING BOARD MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. WHEN APPROPRIATE, A THIRD PARTY MAY BE APPOINTED TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. IF THERE IS REASONABLE CAUSE TO BELIEVE A PARTY HAS FAILED TO DISCLOSE A CONFLICT, THE BOARD SHALL INFORM THE PARTY OF THE BASIS FOR SUCH BELIEF AND AFFORD AN OPPORTUNITY TO EXPLAIN BEFORE DETERMINING DISCIPLINARY AND CORRECTIVE ACTION UP TO AND INCLUDING REMOVAL.

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

LINE 15A: COMPENSATION PROCESS FOR TOP OFFICIAL - THE BOARD ANNUALLY

REVIEWS COMPARABLE INDUSTRY STANDARDS FOR COMPENSATION OF EXECUTIVE

DIRECTORS IN THE GEOGRAPHICAL REGIONS.

LINE 15B: COMPENSATION PROCESS FOR OFFICERS - THE BOARD ANNUALLY REVIEWS THE SALARIES OF ALL OTHER EMPLOYEES.

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

THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE

UPON REQUEST. IN ADDITION, THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020 38

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2020.05000 REFUGEE & IMMIGRANT CENTER 73221 1

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization REFUGEE & IMMIGRANT CENTER FOR EDUCATION LEGAL SERVICES	Page 2 Employer identification number 74-2436920
ORGANIZATIONS WEBSITE.	
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE	IS:
STAFF DEVELOPMENT:	
PROGRAM SERVICE EXPENSES	140,171.
MANAGEMENT AND GENERAL EXPENSES	31,750.
FUNDRAISING EXPENSES	16,424.
TOTAL EXPENSES	188,345.
CLIENT ASSISTANCE:	
PROGRAM SERVICE EXPENSES	77,328.
MANAGEMENT AND GENERAL EXPENSES	-45.
FUNDRAISING EXPENSES	393.
TOTAL EXPENSES	77,676.
RECRUITING:	
PROGRAM SERVICE EXPENSES	405.
MANAGEMENT AND GENERAL EXPENSES	35,071.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,476.
MISC. EXPENSES:	
PROGRAM SERVICE EXPENSES	3,119.
MANAGEMENT AND GENERAL EXPENSES	1,206.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,325.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 305,822.

032212 11-20-20

Name of the organization REFUGEE & IMMIGRANT CENTER FOR EDUCATION & LEGAL SERVICES	Employer identification number 74-2436920
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
RAICES ACTION FUND - SEPARATELY REPORTED	-10,605
ORM 990, PART XII, LINE 2:	
FORM 990 IS PREPARED FROM THE INTERNALLY-PREPARED FINANCI	IAL STATEMENTS
PRESENTLY UNDERGOING FINANCIAL AUDIT. SHOULD THE AUDIT RE	QUIRE MATERIAL
ADJUSTMENT TO THE FINANCIAL STATEMENTS, AN AMENDED FORM	990 WILL BE
PREPARED.	
	edule O (Form 990 or 990-EZ) 20
Sch 40 51112 134672 73221 2020.05000 REFUGEE & IMMIGRAN	

Page 2

Schedule O (Form 990 or 990-EZ) 2020

09

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Com	Related Organization plete if the organization answere A Go to www.irs.gov/Form990	ŀ	OMB No. 154 202 Open to P Inspect	20 Public			
Name of the organizat		IGRANT CENTER FOR EGAL SERVICES				Employer iden 74-243	ntification n 6920	umber
Part I Identificat	ion of Disregarded Entities. Compl	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total inco	(e) me End-of-year	assets Dire	s Direct controllin entity	
Port II Identificat	ion of Related Tax-Exempt Organi	zations. Complete if the organizatio	on answered "Yes" on Form 990	0, Part IV, line 34, I	Decause it had one	or more related tax	exempt	
Part II Identification of Related Tax-Exempt organizations organizations during the tax year. (a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controllin entity	entity?	
RAICES ACTION FU 1305 NORTH FLORE SAN ANTONIO, TX	S STREET	PUBLIC EDUCATION CAMPAIGNS, GRASSROOTS ORGANIZING, AND	TEXAS	501(C)(4)	E I I	REFUGEE & IMMIGRANT CENTI FOR EDUCATION &		No
		-						
For Paperwork Redu	ction Act Notice. see the Instruction	ons for Form 990.				Schedul	e R (Form 9	90) 2020

SEE PART VII FOR CONTINUATIONS

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	l) (ł	ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging mer?	^p Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I contr ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		235013			No
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X	
	Gift, grant, or capital contribution to related organization(s)	1b		X	
	Gift, grant, or capital contribution from related organization(s)	1c		X	
	Loans or loan guarantees to or for related organization(s)	1d	Х		
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f		X	
g	Sale of assets to related organization(s)	1g		X	
	Purchase of assets from related organization(s)	1h		X	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х	
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X	
	Sharing of paid employees with related organization(s)	10		X	
р	Reimbursement paid to related organization(s) for expenses	1p		X	
	Reimbursement paid by related organization(s) for expenses	1q	X		
r	Other transfer of cash or property to related organization(s)	1r		X	
s	Other transfer of cash or property from related organization(s)	1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RAICES ACTION FUND	Q	53,825.	FMV
(2) RAICES ACTION FUND	D	300,000.	FMV
(3)			
(4)			
(5)			
_(6)	12		

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

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

(a) Name, address, and EIN of entity (b) Primary activity Lega formical (state or foreign country) Prediminant income Prested, invested, state or foreign country) (b) Prested, invested, state or foreign country) (c) Prested, invested, income (c) Prested, invested, state or foreign assets (c) Prested, invested, income (c) Prested, invested, in	(a)	(b)	(c)	(d)	-		(f)	(g)	0	-)	(i)	(j)	(k)
Name Prince y alcurvy Clear of toring (state or foreign country) State of (state or foreign country) State of (state or foreign country) State of (stat				Predominant income	Are a	all				''	Code V-LIBI	(J) General ((N)
Orbitality (class of barger country) (class of barger sectors 512:514) (class of barger income (class of barger income (class of barger assets) (class of bar	Name, address, and Em	Findry activity	(state or foreign	(related, unrelated,	partners 501(c)	s sec.)(3)			tior	nate	amount in box 20	managin	
Yee No No Yee No <th< td=""><td>of entity</td><td></td><td>(state of foreight</td><td>excluded from tax under</td><td>orgs.</td><td>?</td><td></td><td>assets</td><td></td><td>tions?</td><td>of Schedule K-1</td><td>partner?</td><td></td></th<>	of entity		(state of foreight	excluded from tax under	orgs.	?		assets		tions?	of Schedule K-1	partner?	
			country)	Sections 512-514)	Yes	No	liteonie	235613	Yes	No	(FUIII 1065)	Yes NC	
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

RAICES ACTION FUND

EIN: 84-3489473

1305 NORTH FLORES STREET

SAN ANTONIO, TX 78212

PRIMARY ACTIVITY: PUBLIC EDUCATION CAMPAIGNS, GRASSROOTS ORGANIZING, AND

LEGISLATIVE ADVOCACY

DIRECT CONTROLLING ENTITY: REFUGEE & IMMIGRANT CENTER FOR EDUCATION &

LEGAL SERVICES

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