

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan <u>EMPLOYEE BENEFIT PLAN OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.</u>	1b Three-digit plan number (PN) ▶ <u>003</u> 1c Effective date of plan <u>08/01/2012</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>US COMMITTEE FOR REFUGEES AND IMMIGRANTS</u> <u>2231 CRYSTAL DRIVE, SUITE 350</u> <u>ARLINGTON, VA 22202</u> <u>2231 CRYSTAL DRIVE, SUITE 350</u> <u>ARLINGTON, VA 22202</u>	2b Employer Identification Number (EIN) <u>13-1878704</u> 2c Plan Sponsor's telephone number <u>703-310-1130</u> 2d Business code (see instructions) <u>813000</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2022	ESKINDER NEGASH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/02/2022	ESKINDER NEGASH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	504
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	329
a(2) Total number of active participants at the end of the plan year		6a(2)	402
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	245
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	647
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	647
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	583
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2S 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan EMPLOYEE BENEFIT PLAN OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 US COMMITTEE FOR REFUGEES AND IMMIGRANTS	D Employer Identification Number (EIN) 13-1878704	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	051131F	647	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	3031

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CAPITAL AREA REGIONAL OFFICE
1306 CONCOURSE DRIVE, SUITE 200
LINTHICUM, MD 21090-1033

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3031	PORTION OF INCENTIVE COMP. PROGRAM	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	2439217
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	13520475

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	2442629
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c Additions: (1) Contributions deposited during the year	7c(1)	329173	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	24359	
(4) Transferred from separate account.....	7c(4)	0	
(5) Other (specify below)	7c(5)	31528	

▶ ROLLOVER LOAN INT PAY

(6) Total additions	7c(6)	385060
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d Total of balance and additions (add lines 7b and 7c(6))	7d	2827689
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	345387	
(2) Administration charge made by carrier.....	7e(2)	540	
(3) Transferred to separate account.....	7e(3)	24396	
(4) Other (specify below)	7e(4)	18149	

▶ FIN ADJ

(5) Total deductions	7e(5)	388472
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	2439217
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan EMPLOYEE BENEFIT PLAN OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 US COMMITTEE FOR REFUGEES AND IMMIGRANTS	D Employer Identification Number (EIN) 13-1878704	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
FIDELITY INVESTMENTS	82 DEVONSHIRE STREET BOSTON, MA 02109

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
VANGUARD	PO BOX 2600 VALLEY FORGE, PA 19482-2600

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606-5808

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
INVESCO VI MAIN STREET	PO BOX 5270 DENVER, CO 80217-5270

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENTS

PO BOX 419786
KANSAS CITY, MO 64141-6786**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CALVERT

4550 MONTGOMERY AVENUE SUITE 1000N
BETHESDA, MD 20814**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS

111 HUNTINGTON AVE
BOSTON, MA 02199**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY FUNDS

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

GOLDMAN SACHS VIT FUNDS

200 WEST STREET
NEW YORK, NY 10282

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELAWARE FUNDS

2005 MARKET STREET
PHILADELPHIA, PA 19103

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37	INSURANCE CARRIER	7287	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2021 This Form is Open to Public Inspection.	
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021					
A Name of plan EMPLOYEE BENEFIT PLAN OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.				B Three-digit plan number (PN) ▶ 003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 US COMMITTEE FOR REFUGEES AND IMMIGRANTS				D Employer Identification Number (EIN) 13-1878704	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL OF AMERICA					
b Name of sponsor of entity listed in (a): MUTUAL OF AMERICA					
c EIN-PN 13-1613499-000		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13520475	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan EMPLOYEE BENEFIT PLAN OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 US COMMITTEE FOR REFUGEES AND IMMIGRANTS	D Employer Identification Number (EIN) 13-1878704	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	313129	245302
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10209954	13520475
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2442629	2439217
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12965712	16204994

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12965712	16204994
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1347779	
(B) Participants	2a(1)(B)	816072	
(C) Others (including rollovers).....	2a(1)(C)	532056	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2695907
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	11295	
(F) Other	2b(1)(F)	24359	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		35654
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1935021
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4666582
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1407153	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		1407153
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		15990
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	4157	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		4157
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1427300
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		3239282
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MARCUM LLP

(2) EIN: 11-1986323

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	
4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and the
**Safe-Harbor 401(k) Profit-Sharing Plan for Employees of
U.S. Committee for Refugees and Immigrants, Inc.**

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc., an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021. financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements of information related to assets held for investment of the plan (investment information) by a bank a similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state of federal agency, provided that the statements of information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2021 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles general accepted in the United States of America.

- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of Financial Statements section of our report. We are required to be independent of the Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc.'s ability to continue as a going concern for the one year after the date of the financial statement are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc.'s ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – 2021 Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i – Schedule of Assets Held (End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial

statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Auditors' Report on the 2020 Financial Statements

The 2020 financial statements of Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, their audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. In their report dated July 19, 2021, they indicated that in their opinion (a) the amounts and disclosures in the 2020 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2020 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Marcum LLP

Washington, DC
September 6, 2022

**SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

Employer Identification Number: 13-1878704
Plan Number: 003

(continued)

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	POOLED SEPARATE ACCOUNTS			
*	Mutual of America	Mutual of America 2045 Retirement Fund	**	\$ 1,902,457
*	Mutual of America	Mutual of America 2030 Retirement Fund	**	1,473,878
*	Mutual of America	Mutual of America 2050 Retirement Fund	**	1,062,453
*	Mutual of America	Mutual of America Equity Index Fund	**	1,030,034
*	Mutual of America	Mutual of America 2040 Retirement Fund	**	1,001,425
*	Mutual of America	Mutual of America 2055 Retirement Fund	**	915,311
*	Mutual of America	Vanguard VIF Diversified Value Portfolio	**	404,771
*	Mutual of America	DWS Capital Growth VIP	**	390,175
*	Mutual of America	Mutual of America Moderate Allocation Fund	**	386,184
*	Mutual of America	Vanguard VIF International Portfolio	**	356,161
*	Mutual of America	Mutual of America 2035 Retirement Fund	**	355,070
*	Mutual of America	Mutual of America Aggressive Allocation Fund	**	342,313
*	Mutual of America	Mutual of America 2025 Retirement Fund	**	269,469
*	Mutual of America	Mutual of America All America Fund	**	263,252
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund	**	245,733
*	Mutual of America	Fidelity® VIP Contrafund® Portfolio	**	242,544
*	Mutual of America	Mutual of America Small Cap Growth Fund	**	217,604
*	Mutual of America	Mutual of America 2060 Retirement Fund	**	211,109
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio	**	208,469
*	Mutual of America	Fidelity® VIP Asset Manager Portfolio	**	203,193
*	Mutual of America	Fidelity® VIP Mid Cap Portfolio	**	197,845
*	Mutual of America	American Century Investments® VP Capital Appreciation Fund	**	196,056
*	Mutual of America	Mutual of America Bond Fund	**	178,626
*	Mutual of America	Mutual of America Small Cap Value Fund	**	164,659
*	Mutual of America	Mutual of America Mid Cap Value Fund	**	157,442
*	Mutual of America	Mutual of America Conservative Allocation Fund	**	153,652
*	Mutual of America	Fidelity® VIP Equity-Income Portfolio	**	144,363
*	Mutual of America	Mutual of America 2020 Retirement Fund	**	143,640
*	Mutual of America	Mutual of America Money Market Fund	**	106,578
*	Mutual of America	Calvert VP SRI Balanced Portfolio	**	102,935
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio	**	101,475
*	Mutual of America	Invesco V.I. Main Street Fund®	**	76,070
*	Mutual of America	Mutual of America International Fund	**	73,787
*	Mutual of America	Mutual of America Mid-Term Bond Fund	**	35,569
*	Mutual of America	Mutual of America Composite Fund	**	32,168
*	Mutual of America	Delaware VIP® Small Cap Value Series	**	32,003
*	Mutual of America	Mutual of America 2015 Retirement Fund	**	31,052
*	Mutual of America	Mutual of America Small Cap Equity Index Fund	**	19,449
*	Mutual of America	Mutual of America Retirement Income Fund	**	17,998
*	Mutual of America	American Funds Insurance Series® New World Fund®	**	16,132
*	Mutual of America	Neuberger Berman AMT Sustainable Equity Portfolio	**	11,407
*	Mutual of America	PIMCO VIT Real Return Portfolio	**	10,391
*	Mutual of America	Goldman Sachs VIT US Equity Insights Fund	**	9,453
*	Mutual of America	Goldman Sachs VIT Small Cap Equity Insights Fund	**	7,433
*	Mutual of America	Victory RS Small Cap Growth Equity VIP Series	**	7,313
*	Mutual of America	Vanguard VIF Total Bond Market Index Portfolio	**	7,014
*	Mutual of America	Mutual of America 2065 Retirement Fund	**	4,111
*	Mutual of America	MFS® VIT III Mid Cap Value Portfolio	**	249
		Total Pooled Separate Accounts		13,520,475
	Fully benefit-responsive investment contract			
*	Mutual of America	Mutual of America Interest Accumulation Account	**	2,439,217
		Total Mutual Funds		15,959,692
	NOTES RECEIVABLE			
*	Participant loans	Interest rates at 4.25% – 6.5%, maturing through July 2027	**	245,302
		TOTAL		\$ 16,204,994

* Represents a party-in-interest as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

See independent auditors' report.



**SAFE-HARBOR 401(K) PROFIT-SHARING PLAN
FOR EMPLOYEES OF U.S. COMMITTEE FOR
REFUGEES AND IMMIGRANTS, INC.**

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

**SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.**

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and the
**Safe-Harbor 401(k) Profit-Sharing Plan for Employees of
U.S. Committee for Refugees and Immigrants, Inc.**

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc., an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021. financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements of information related to assets held for investment of the plan (investment information) by a bank a similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state of federal agency, provided that the statements of information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2021 and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles general accepted in the United States of America.

- The information in the accompanying 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of Financial Statements section of our report. We are required to be independent of the Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc.'s ability to continue as a going concern for the one year after the date of the financial statement are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc.'s ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – 2021 Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i – Schedule of Assets Held (End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial

statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion –

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter - Auditors' Report on the 2020 Financial Statements

The 2020 financial statements of Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc were audited by predecessor auditors. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, their audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. In their report dated July 19, 2021, they indicated that in their opinion (a) the amounts and disclosures in the 2020 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2020 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Marcum LLP

Washington, DC
September 6, 2022

**SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Investments		
Investments, at fair value	\$ 13,520,475	\$ 10,209,954
Fully benefit-responsive investment contract, at contract value	<u>2,439,217</u>	<u>2,442,629</u>
Total Investments	15,959,692	12,652,583
Notes receivable from participants	<u>245,302</u>	<u>313,129</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 16,204,994</u>	<u>\$ 12,965,712</u>

The accompanying notes are an integral part of these financial statements.

**SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
ADDITIONS		
Investment income:		
Net appreciation in fair value of separate accounts	\$ 1,935,021	\$ 1,358,453
Investment income from guaranteed investment contract	24,359	21,602
Total Investment Income	1,959,380	1,380,055
Interest income on notes receivable from participants	11,295	12,555
Contributions:		
Employer	1,347,779	1,079,751
Participants	816,072	758,612
Rollovers	532,056	238,940
Total Contributions	2,695,907	2,077,303
TOTAL ADDITIONS	4,666,582	3,469,913
DEDUCTIONS		
Benefits paid to participants	1,407,153	647,083
Deemed distributions	15,990	-
Administrative expenses	4,157	3,346
TOTAL DEDUCTIONS	1,427,300	650,429
NET INCREASE	3,239,282	2,819,484
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	12,965,712	10,146,228
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 16,204,994	\$ 12,965,712

The accompanying notes are an integral part of these financial statements.

SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Safe-Harbor 401(k) Profit-Sharing Plan for Employees of U.S. Committee for Refugees and Immigrants, Inc., (the Plan) provides only general information. Plan participants should refer to the Plan document for a complete description of the Plan's provisions.

GENERAL

Effective August 1, 2012, the U.S. Committee for Refugees and Immigrants, Inc. (the Organization) established a safe-harbor 401(k) profit-sharing plan which is a contributory plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Organization's management and Board of Directors is responsible for oversight of the Plan. The Organization's management determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Plan's Board of Directors.

ELIGIBILITY

All employees are eligible to participate in the Plan, except those who are non-resident aliens with no U.S. source income and those who are classified or treated as independent contractors, and on-call employees. All eligible employees are immediately eligible upon employment to make salary reduction contributions to the Plan. All eligible employees are automatically enrolled in the Plan unless the individual notified the Organization in accordance with the provisions of the Plan. Eligible employees must be at least 18 years of age and complete at least one year of service and at least 1,000 hours of service within that twelve-month period to receive employer base contributions under this Plan.

Participants are included in the Plan on the first day of the month coinciding with or immediately following the date that all requirements are met.

PLAN ADMINISTRATOR

The Organization is the Plan's named fiduciary and administrator.

CONTRIBUTIONS

Participants may select salary deferral contributions, up to 75%, of his or her pre-tax or after-tax compensation contributed as a 401(k) contribution to the Plan. Participants who have attained age 50 before the end of the Plan year eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified

SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

CONTRIBUTIONS (CONTINUED)

defined benefit or defined contribution plans (rollover contributions). Automatically enrolled participants have their deferral rate set at 2% of eligible compensation, as defined in the plan document, and their contributions are invested in the Plan's default investment alternative until changed by the participant. During the years ended December 31, 2021 and 2020, the Organization made safe harbor contributions equal to 10% of each participant's compensation.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50%, except for amounts borrowed under the Coronavirus Aid, Relief, and Economic Security (CARES) Act, of their vested account balance. If the participant has an outstanding loan, the \$50,000 is reduced by the excess, if any, of the highest outstanding balance of loans from the Plan during the 12-month period ending on the day before the date a new loan is made. The loans are secured by the balance in the participant's account and bear interest at rates determined by the Plan based on prevailing commercial interest rates that range between 4.25% and 6.5%, for the years ended December 31, 2021 and 2020. The loans are repaid ratably via payroll deductions. Defaulted loans are deemed distributed.

CARES ACT

The CARES Act, among other things, includes several relief provisions available to tax-qualified retirement plans and their participants.

- Effective April 23, 2020, participants were able to receive Coronavirus-related distributions up to \$100,000 during the period April 23, 2020 through December 31, 2020. Participants may make repayments to the Plan of such distribution within a three-year period from the date of the distribution.
- Effective April 23, 2020, the maximum allowable Coronavirus-related loan increased to \$100,000 for the period beginning April 23, 2020 and ending September 22, 2020. Additionally, any loan outstanding on or after March 27, 2020 for a Coronavirus qualified participant may have loan payments scheduled to occur between March 27, 2020 and December 31, 2020 delayed for one year.
- Effective April 10, 2020, required minimum distributions were suspended for calendar year 2020 unless the participant elected otherwise.

SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution, the Organization's safe harbor contribution, and an allocation of (a) plan earnings (losses) and (b) administrative expenses. Income is allocated daily based on the shares in the participant's account. Allocations are based on participant earnings or account balances or participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided by the participant's account.

INVESTMENT OPTIONS

Pursuant to the plan document, the selection of investments among those available within the Plan is the sole responsibility of each participant. Subject to the applicable provisions of law, each participant assumes all risks connected with any decrease in the market value of any securities in these funds. Currently, the Plan offers Pooled Separate Accounts and guaranteed investment contracts as investment options for participants.

VESTING

Participants are immediately vested in their contributions and the Organization's contributions plus actual earnings thereon.

PAYMENT OF BENEFITS

A participant may receive benefits in the form of a monthly annuity or in a lump-sum distribution, subject to the terms of the funding vehicles of the Plan. The payment of benefits and other distributions from the Plan will be allowable as follows:

- Upon severance from employment.
- Upon death.
- Upon incurring a disability.
- Upon attainment of age 59½.
- Upon eligibility for a qualified reservist distribution.
- On account of hardship.
- If a participant has a separate account attributable to rollover contributions, subject to the terms of the funding vehicles, in which case the participant, at any time, may elect to receive a distribution of all or any portion of the amount held in the rollover account.

SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

PAYMENT OF BENEFITS (CONTINUED)

If a participant terminates employment and the participant's account balance does not exceed \$1,000, the plan administrator will authorize the benefit payment without the participant's consent.

Hardship distributions are permitted under the Plan and are subject to Internal Revenue Service (IRS) regulations. Distributions will be deemed an immediate and heavy financial need of the participant where such participant lacks other available resources. Financial needs considered immediate and heavy include, but are not limited to, the following:

- Expenses for medical care, as defined under Internal Revenue Code (IRC) Section 213(d).
- Costs directly related to the purchase of a principal residence for the employee.
- Qualified education expenses, as defined under IRC Regulation Section 1.401(k)-1.
- Payments necessary to prevent eviction, or foreclosure on the employee's principal residence.
- Burial or funeral expenses for the employee's deceased parents, spouse, children or dependents.
- Expenses for the repair of damage to the employee's principal residence, as defined under IRC Section 165.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

INVESTMENTS

The Plan's investments are reported at fair value, except for the Plan's direct investment in a fully benefit-responsive investment contract which is reported at contract value.

The fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (exit price). See Note 5 for further information related to of fair value measurements.

SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

INVESTMENTS (CONTINUED)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at the unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2021 and 2020. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded based on the terms of the Plan.

ADMINISTRATIVE EXPENSES

All administrative expenses of the Plan are paid by the Organization, except certain transaction fees which are paid directly by the participants. Investment expenses are charged to participants' accounts as a reduction of the return earned on each investment option and are presented in the net appreciation in the fair value of investments on the statement of changes in net assets available for benefits.

PAYMENT OF BENEFITS

Benefit payments to participants are recorded when paid.

USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

RECENTLY ADOPTED AUTHORITATIVE GUIDANCE

In August 2018, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2018-13, Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement. The update modifies certain disclosure requirements in Topic 820, Fair Value Measurement.

**SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

RECENTLY ADOPTED AUTHORITATIVE GUIDANCE (CONTINUED)

Those modifications include the removal and addition of disclosure requirements as well as clarifying specific disclosure requirements. The guidance is effective for the Organization's fiscal year 2020 and the financial statements are presented in accordance with the standard.

NOTE 3 - CONCENTRATION OF SIGNIFICANT INVESTMENTS

As of December 31, 2021, the Plan's significant investments are as follows:

<u>December 31, 2021</u>		<u>Percent of Total Investments</u>
Mutual of America Interest Accumulation Account	\$ 2,439,217	15%
Mutual of America 2045 Retirement Fund	\$ 1,902,457	12%

As of December 31, 2020, the Plan's significant investments are as follows:

<u>December 31, 2020</u>		<u>Percent of Total Investments</u>
Mutual of America Interest Accumulation Account	\$ 2,442,629	19%
Mutual of America 2045 Retirement Fund	\$ 1,260,018	10%

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2021 and 2020, was obtained by management and agreed to or derived from information certified as complete and accurate by Mutual of America Life Insurance Company.

**SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.**

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (CONTINUED)

The following table summarizes the information included in the Plan's financial statements, which was prepared by Mutual of America Life Insurance Company as of and for the years ended December 31, 2021 and 2020, and furnished to the Plan Administrator:

	2021	2020
Investments	\$ 15,959,692	\$ 12,652,583
Notes receivable from participants	\$ 245,302	\$ 313,129
Net appreciation in fair value of separate accounts	\$ 1,935,021	\$ 1,358,453
Investment income from guaranteed investment contract	\$ 24,359	\$ 21,602
Interest income on notes receivable from participants	\$ 11,295	\$ 12,555

NOTE 5 - FAIR VALUE MEASUREMENT

In accordance with the accounting standards for fair value measurements for those assets and liabilities that are measured at fair value on a recurring basis as of December 31, 2021 and 2020, the Plan has categorized its applicable financial instruments into a required fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used to measure the financial instruments fall within different levels of the hierarchy, the categorization is based on the lowest-level input that is significant to the fair value measurement of the instrument.

Applicable financial assets and liabilities are categorized based on the inputs to the valuation techniques as follows:

Level 1 – Financial assets and liabilities whose values are based on quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Financial assets and liabilities whose values are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the asset or liability, such as quoted prices for similarly structured securities in active markets.

Level 3 – Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect management's own assumptions about the assumptions a market participant would use in pricing the asset or liability.

SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 5 - FAIR VALUE MEASUREMENT (CONTINUED)

Following is a description of the valuation methodologies used for assets measured at fair value:

Separate accounts: The Plan invests in a separate account that does not file a Form 5500 as a Direct Filing Entity with the U.S. Department of Labor (DOL). As a result, certain parts of the Plan's Form 5500 must report information on the investments that are the underlying assets for the separate accounts. The separate accounts are divided into distinct sub accounts, which in turn, invest in mutual funds. The sub accounts, which represent the Plan's unit of account, are valued based on the net asset value (NAV) as a practical expedient of the shares by the Plan at the end of the year. Net asset value of each account is calculated by using quoted market prices of the underlying investments and adjusting it for certain separate account charges.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in valuation methodologies as of December 31, 2021 and 2020.

Investments consist of separate accounts of \$13,520,475 and \$10,209,954 and are valued at net asset value as a practical expedient as of December 31, 2021 and 2020, respectively. In accordance with Account Standards Codification Subtopic 820-10, investments measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy.

The table below presents additional information for the Plan's investments, whose fair value is estimated using the practical expedient of reported NAV as of December 31;

	<u>2021</u>	<u>Unfunded</u>	<u>Redemption</u>	<u>Redemption</u>
		<u>Commitments</u>	<u>Frequency</u>	<u>Notice</u>
				<u>Period</u>
Separate accounts:				
Retirement funds ^(a)	\$ 7,387,975	\$ -	Immediate	None
Equity funds ^(b)	4,584,268	-	Immediate	None
Asset allocation funds ^(c)	882,149	-	Immediate	None
Balanced funds ^(d)	338,296	-	Immediate	None
Fixed income funds ^(e)	<u>327,787</u>	<u>-</u>	Immediate	None
	<u>\$ 13,520,475</u>	<u>\$ -</u>		

SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 5 - FAIR VALUE MEASUREMENT (CONTINUED)

	<u>2020</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency</u>	<u>Redemption</u> <u>Notice</u> <u>Period</u>
Separate accounts:				
Retirement funds ^(a)	\$ 313,298	\$ -	Immediate	None
Equity funds ^(b)	844,732	-	Immediate	None
Asset allocation funds ^(c)	319,093	-	Immediate	None
Balanced funds ^(d)	3,619,113	-	Immediate	None
Fixed income funds ^(e)	<u>5,113,718</u>	<u>-</u>	Immediate	None
	<u>\$ 10,209,954</u>	<u>\$ -</u>		

- (a) The retirement funds seek current income and capital appreciation appropriate for the asset allocation associated with its target retirement date. The underlying funds invest their funds in proportions that are balanced to meet the current target, which will move toward preservation of capital and production of income as the target retirement date approaches.
- (b) The equity funds are composed of underlying equity index funds, small to mid-cap value and growth funds as well as international funds. They seek to provide investment results that correspond to the performance of the Standard & Poor's 500[®] Composite Stock Price Index (the S&P 500[®] Index). They seek to achieve this by primarily investing in common stocks that are included in the S&P 500[®] Index. The small and mid-cap funds in the equity funds separate account seek capital appreciation and, to a lesser extent, current income. They achieve this objective by investing in value stocks issued by mid-sized market capitalizations believed to be undervalued in the marketplace in relation to factors such as the company's assets, earnings or growth potential. The international funds in the equity funds separate accounts seek to provide long-term capital appreciation by investing predominantly in the stocks of companies located outside the United States. The international funds are expected to diversify their assets in countries across developed and emerging markets. The objective of the growth funds in the equity funds investment is long-term capital appreciation. The growth funds invest primarily in common stocks of companies with significant exposure to countries with developing economies and/or markets and that the investment advisor believes have potential of providing capital appreciation.
- (c) Asset allocation funds seek current income and capital appreciation. The underlying funds invest in both fixed income and equity securities.

SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 5 - FAIR VALUE MEASUREMENT (CONTINUED)

- (d) Balanced funds seek to achieve capital appreciation and current income over time, by investing in a diversified portfolio of publicly-traded common stocks, debt securities and short term instruments.
- (e) The fixed income funds are composed of underlying bond and money market securities. The bond securities seek to provide as high a level of current income over time as is believed to be consistent with prudent investment risk. A secondary objective is preservation of capital. They seek to achieve this objective by investing primarily investment-grade, publicly traded debt securities, such as bonds, U.S. government and agency securities, including mortgage-backed securities and zero coupon securities. The money market securities seek the realization of current income to the extent consistent with the maintenance of liquidity, investment quality and stability of capital. These invest only in money market instruments and other short-term securities.

NOTE 6 - GUARANTEED INVESTMENT CONTRACT WITH MUTUAL OF AMERICA

The Plan has entered into a fully benefit-responsive insurance contract with Mutual of America. Mutual of America maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Mutual of America is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract (GIC) is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the GIC. Contract value, as reported to the Plan by Mutual of America, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer. Such interest rates are reviewed on a monthly basis for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or

SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 6 - GUARANTEED INVESTMENT CONTRACT WITH MUTUAL OF AMERICA (CONTINUED)

spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

NOTE 7 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, each participating employee will become 100% vested in the Plan, and the assets will be allocated among participating employees and beneficiaries in proportion to the employees' respective account balances.

NOTE 8 - PARTY-IN-INTEREST AND PROHIBITED TRANSACTIONS

Certain Plan investments are units of accounts managed or issued by Mutual of America or affiliates of Mutual of America as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules of ERISA. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of investments as they are paid as indirect expenses rather than a direct payment. The Plan administrator pays any administrative expenses related to the Plan's operations. The Plan also extends loans to participants, who are considered parties-in-interest, therefore, these transactions qualify as party-in-interest transactions.

No prohibited transactions that are required to be reported on Schedule G of the federal Form 5500 occurred during the years ended December 31, 2021 and 2020. However, the Plan Sponsor failed to transmit certain participant contributions to the Plan for one pay period. Management elected to make a Qualified Non-Elective Contribution equal to 50% of the value of the missed participant contributions, totaling \$7,001. The QNEC was made on August 9, 2022.

SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

NOTE 9 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits as of December 31, 2021 and 2020.

NOTE 10 - INCOME TAX STATUS

The Plan Sponsor has adopted Mass Mutual's Safe-Harbor 401(k) Profit-Sharing Plan and believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or however, there are currently no audits for any tax periods in progress.

NOTE 11 - SUBSEQUENT EVENTS

In preparing the financial statements, the Plan has evaluated, for potential recognition or disclosure, events and transactions through September 6, 2022, the date the financial statements were available to be issued. Aside from the matter disclosed in Note 8, there were no subsequent events that require recognition or disclosure in these financial statements.

SUPPLEMENTAL INFORMATION

**SAFE-HARBOR 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF
U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

DECEMBER 31, 2021

Employer Identification Number: 13-1878704
Plan Number: 003

(continued)

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	POOLED SEPARATE ACCOUNTS			
*	Mutual of America	Mutual of America 2045 Retirement Fund	**	\$ 1,902,457
*	Mutual of America	Mutual of America 2030 Retirement Fund	**	1,473,878
*	Mutual of America	Mutual of America 2050 Retirement Fund	**	1,062,453
*	Mutual of America	Mutual of America Equity Index Fund	**	1,030,034
*	Mutual of America	Mutual of America 2040 Retirement Fund	**	1,001,425
*	Mutual of America	Mutual of America 2055 Retirement Fund	**	915,311
*	Mutual of America	Vanguard VIF Diversified Value Portfolio	**	404,771
*	Mutual of America	DWS Capital Growth VIP	**	390,175
*	Mutual of America	Mutual of America Moderate Allocation Fund	**	386,184
*	Mutual of America	Vanguard VIF International Portfolio	**	356,161
*	Mutual of America	Mutual of America 2035 Retirement Fund	**	355,070
*	Mutual of America	Mutual of America Aggressive Allocation Fund	**	342,313
*	Mutual of America	Mutual of America 2025 Retirement Fund	**	269,469
*	Mutual of America	Mutual of America All America Fund	**	263,252
*	Mutual of America	Mutual of America Mid-Cap Equity Index Fund	**	245,733
*	Mutual of America	Fidelity® VIP Contrafund® Portfolio	**	242,544
*	Mutual of America	Mutual of America Small Cap Growth Fund	**	217,604
*	Mutual of America	Mutual of America 2060 Retirement Fund	**	211,109
*	Mutual of America	T. Rowe Price Blue Chip Growth Portfolio	**	208,469
*	Mutual of America	Fidelity® VIP Asset Manager Portfolio	**	203,193
*	Mutual of America	Fidelity® VIP Mid Cap Portfolio	**	197,845
*	Mutual of America	American Century Investments® VP Capital Appreciation Fund	**	196,056
*	Mutual of America	Mutual of America Bond Fund	**	178,626
*	Mutual of America	Mutual of America Small Cap Value Fund	**	164,659
*	Mutual of America	Mutual of America Mid Cap Value Fund	**	157,442
*	Mutual of America	Mutual of America Conservative Allocation Fund	**	153,652
*	Mutual of America	Fidelity® VIP Equity-Income Portfolio	**	144,363
*	Mutual of America	Mutual of America 2020 Retirement Fund	**	143,640
*	Mutual of America	Mutual of America Money Market Fund	**	106,578
*	Mutual of America	Calvert VP SRI Balanced Portfolio	**	102,935
*	Mutual of America	Vanguard VIF Real Estate Index Portfolio	**	101,475
*	Mutual of America	Invesco V.I. Main Street Fund®	**	76,070
*	Mutual of America	Mutual of America International Fund	**	73,787
*	Mutual of America	Mutual of America Mid-Term Bond Fund	**	35,569
*	Mutual of America	Mutual of America Composite Fund	**	32,168
*	Mutual of America	Delaware VIP® Small Cap Value Series	**	32,003
*	Mutual of America	Mutual of America 2015 Retirement Fund	**	31,052
*	Mutual of America	Mutual of America Small Cap Equity Index Fund	**	19,449
*	Mutual of America	Mutual of America Retirement Income Fund	**	17,998
*	Mutual of America	American Funds Insurance Series® New World Fund®	**	16,132
*	Mutual of America	Neuberger Berman AMT Sustainable Equity Portfolio	**	11,407
*	Mutual of America	PIMCO VIT Real Return Portfolio	**	10,391
*	Mutual of America	Goldman Sachs VIT US Equity Insights Fund	**	9,453
*	Mutual of America	Goldman Sachs VIT Small Cap Equity Insights Fund	**	7,433
*	Mutual of America	Victory RS Small Cap Growth Equity VIP Series	**	7,313
*	Mutual of America	Vanguard VIF Total Bond Market Index Portfolio	**	7,014
*	Mutual of America	Mutual of America 2065 Retirement Fund	**	4,111
*	Mutual of America	MFS® VIT III Mid Cap Value Portfolio	**	249
		Total Pooled Separate Accounts		13,520,475
	Fully benefit-responsive investment contract			
*	Mutual of America	Mutual of America Interest Accumulation Account	**	2,439,217
		Total Mutual Funds		15,959,692
	NOTES RECEIVABLE			
*	Participant loans	Interest rates at 4.25% – 6.5%, maturing through July 2027	**	245,302
		TOTAL		<u>\$ 16,204,994</u>

* Represents a party-in-interest as defined by ERISA.

** The cost of participant-directed investments is not required to be disclosed.

See independent auditors' report.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>			
A	This return/report is for:	☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
B	This return/report is:	☒ a single-employer plan	☐ a DFE (specify) _____
		☐ the first return/report	☐ the final return/report
		☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here	☐	
D	Check box if filing under:	☒ Form 5558	☐ automatic extension
		☐ special extension (enter description)	☐ the DFVC program
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	☐	

Part II Basic Plan Information - enter all requested information		
1a Name of plan EMPLOYEE BENEFIT PLAN OF U.S. COMMITTEE FOR REFUGEES AND IMMIGRANTS, INC.	1b Three-digit plan number (PN) ►	003
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) US COMMITTEE FOR REFUGEES AND IMMIGRANTS 2231 CRYSTAL DRIVE, SUITE 350 ARLINGTON VA 22202	1c Effective date of plan 08/01/2012	2b Employer Identification Number (EIN) 13-1878704
	2c Plan Sponsor's telephone number 703-310-1130	2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Eskinder Negash</i>	09/02/2022	Eskinder Negash
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624