Return of Organization Exempt From Income Tax

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

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

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

Form 990

For the 2018 calendar year, or tax year beginning and ending

Name of organization

JOURNEYS END REFUGEE SERVICES, INC.

Doing business as

Room/suite

2495 MAIN STREET 530

City or town, state or province, country, and ZIP or foreign postal code

BUFFALO, NY 14214

Name and address of principal officer:

KAREN M. ANDOLINA SCOTT

SAME AS C ABOVE

Employer identification number

16-1242203

Telephone number

716-882-4963

Gross receipts

3,937,836.

Is this a group return

X No

Are all subordinates included?

Yes

If "No," attach a list. (see instructions)

Website: HTTP://JERSBUFFALO.ORG

Form of organization:

Corporation

Year of formation:

1985

State of legal domicile:

NY

Part I - Summary

1 Briefly describe the organization’s mission or most significant activities: FORMED TO SPONSOR AND RESETTLE REFUGEES TO WESTERN NEW YORK WITHOUT REGARD TO ETHNIC ORIGIN OR

2 Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) □

13

4 Number of independent voting members of the governing body (Part VI, line 1b) □

13

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) □

150

6 Total number of volunteers (estimate if necessary) □

880

7a Total unrelated business revenue from Part VIII, column (C), line 12 □

0.

7b Net unrelated business taxable income from Form 990-T, line 38 □

0.

8 Contributions and grants (Part VIII, line 1h) □

Prior Year

Current Year

3,418,751.

3,472,486.

9 Program service revenue (Part VIII, line 2g) □

3,435,076.

423,672.

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) □

0.

10,010.

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9, 10c, and 11e) □

16,968.

31,668.

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) □

3,777,795.

3,937,836.

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) □

360,726.

300,800.

14 Benefits paid to or for members (Part IX, column (A), line 4) □

0.

0.

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) □

2,138,558.

2,345,809.

16a Professional fundraising fees (Part IX, column (A), line 11e) □

0.

0.

b Total fundraising expenses (Part IX, column (D), line 25) □

136,496.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) □

741,481.

710,561.

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) □

3,320,765.

3,357,170.

19 Revenue less expenses. Subtract line 18 from line 12 □

530,030.

580,666.

Part II - Signature Block

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

Signature of officer

KAREN M. ANDOLINA SCOTT, EXECUTIVE DIRECTOR

Date

11/14/19

Type or print name and title

MARY MADONIA

Date

11/14/19

Check if self-employed □

PTIN

P00405803

Preparer’s name

FREED MAXICK CPAS, P.C.

Preparer’s EIN

45-4051133

Firm’s address

424 MAIN STREET, SUITE 800

BUFFALO, NY 14202-3508

Phone number

716-847-2651

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
JOURNEYS END REFUGEE SERVICES, INC.  16-1242203 Page 2

Part III | Statement of Program Service Accomplishments

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

1 Briefly describe the organization’s mission:

FORMED TO SPONSOR AND RESETTLE REFUGEES TO WESTERN NEW YORK WITHOUT REGARD TO ETHNIC ORIGIN OR CREED, TO LINK SUCH REFUGEES TO EXISTING SOCIAL SERVICES, AND TO TAKE ALL APPROPRIATE STEPS TO FOSTER A HEALTHY SOCIAL AND SPIRITUAL COMMUNITY AMONG REFUGEES LIVING IN THE WNY AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  
   Yes  No

   If “Yes,” describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  
   Yes  No

   If “Yes,” describe these changes on Schedule O.

4 Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses.  
   Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

   4a (Code:   ) (Expenses $ 631,187. including grants of $ 295,165. ) (Revenue $ )
   FEDERAL FUNDING IS USED TO PROVIDE CORE RESETTLEMENT SERVICES AND ADDITIONAL SUPPORT TO REFUGEES AS THEY ARRIVE IN THE UNITED STATES. SUPPORT INCLUDES HOUSING, SOCIAL SERVICES, MANAGED MEDICAL REFERRALS, CULTURAL ORIENTATION, INTENSE CASE MANAGEMENT FOR CLIENTS WITH SPECIAL NEEDS, ENGLISH AS SECOND LANGUAGE INSTRUCTION, SCHOOL REGISTRATION, CULTURALLY SENSITIVE DAYCARE SERVICES, SELF-SUSTAINING FOOD SOURCES (VIA FARMING PROGRAMS) AND OTHER SERVICES AS NEEDED TO SUPPORT REFUGEES AS THEY BEGIN REBUILDING THEIR LIVES.

   4b (Code:   ) (Expenses $ 1,929,866. including grants of $ 5,635. ) (Revenue $ )
   STATE FUNDING IS USED TO PROVIDE ADDITIONAL SUPPORT TO REFUGEES AND TO A SMALL EXTENT THE LARGER IMMIGRANT COMMUNITY. PROGRAMS SUPPORT CLIENTS WITH EMPLOYMENT PREPARATION, VOCATIONAL TRAINING, TRANSITIONAL SUPPORT, JOB PLACEMENT, YOUTH EDUCATION SERVICES, ALTERNATIVE TO HIGH SCHOOL GED PROGRAM FOR REFUGEE TEENS, AND OTHER SERVICES AS NEEDED. FUNDING ALSO ALLOWS FOR JOURNEY’S END TO PROVIDE TECHNICAL IMMIGRATION LEGAL ASSISTANCE WITH TWO PRIMARY SITES RECEIVING SUPPORT THROUGHOUT UPSTATE NEW YORK AND OPEN OFFICE HOURS FOR LOW COST LEGAL SUPPORT TO REFUGEES AND INDIGENT INDIVIDUALS IN NEED.

   4c (Code:   ) (Expenses $ 364,206. including grants of $ ) (Revenue $ 455,340. )
   PROVIDE FREE OR LOW COST IMMIGRATION LEGAL SERVICE TO REFUGEES AND IMMIGRANTS THAT INCLUDES A WEEKLY WALK-IN CLINIC OPEN TO THE COMMUNITY TO FACILITATE SUPPORT DIRECTLY THROUGH OUR OFFICE OR THROUGH MANAGED REFERRALS. THE PROGRAM PROVIDES REPRESENTATION ON PERMANENT RESIDENT APPLICATIONS, FAMILY REUNIFICATION, AND NATURALIZATION. LEGAL REPRESENTATION IS PROVIDED TO ASYLUM APPLICANTS, TRAFFICKING VICTIMS, AND IMMIGRANT WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE. INTERPRETING SERVICES TO SUPPORT THE LARGER WESTERN NEW YORK COMMUNITY ARE ALSO PROVIDED.

4d Other program services (Describe in Schedule O.)

<table>
<thead>
<tr>
<th>Expenses $</th>
<th>including grants of $</th>
<th>(Revenue $ )</th>
</tr>
</thead>
<tbody>
<tr>
<td>4e Total program service expenses</td>
<td>2,931,259.</td>
<td></td>
</tr>
</tbody>
</table>
1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   If "Yes," complete Schedule A ................................................................. 1  X

2. Is the organization required to complete Schedule B, Schedule of Contributors? ................................................................. 2  X

3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ................................................................. 3  X

4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II ................................................................. 4  X

5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III ................................................................. 5  X

6. Did the organization maintain any donors' advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I ................................................................. 6  X

7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ................................................................. 7  X

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ................................................................. 8  X

9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X or, provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ................................................................. 9  X

10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V ................................................................. 10  X

11. If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
   a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI ................................................................. 11a  X

   b. Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ................................................................. 11b  X

   c. Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ................................................................. 11c  X

   d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX ................................................................. 11d  X

   e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ................................................................. 11e  X

   f. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ................................................................. 11f  X

12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ................................................................. 12a  X

   b. Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ................................................................. 12b  X

13. Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ................................................................. 13  X

14a. Did the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule F, Parts I and IV ................................................................. 14a  X

   b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV ................................................................. 14b  X

15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV ................................................................. 15  X

16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV ................................................................. 16  X

17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I ................................................................. 17  X

18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ................................................................. 18  X

19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III ................................................................. 19  X

20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ................................................................. 20a  X

   b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? ................................................................. 20b  X

21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ................................................................. 21  X
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**Part IV** Checklist of Required Schedules (continued)

22. Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?  If "Yes," complete Schedule I, Parts I and III  
   Yes  No  
   22  X

23. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?  If "Yes," complete Schedule J  
   23  X

24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002?  If "Yes," answer lines 24b through 24d and complete Schedule K.  If "No," go to line 25a  
   24a  X

b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  
   24b  X

c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  
   24c

d. Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  
   24d

25a. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year?  If "Yes," complete Schedule L, Part I  
   25a  X

b. Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I  
   25b  X

26. Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?  If "Yes," complete Schedule L, Part II  
   26  X

27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?  If "Yes," complete Schedule L, Part III  
   27  X

28. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  
   a. A current or former officer, director, trustee, or key employee?  If "Yes," complete Schedule L, Part IV  
      28a  X

b. A family member of a current or former officer, director, trustee, or key employee?  If "Yes," complete Schedule L, Part IV  
      28b  X

c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?  If "Yes," complete Schedule L, Part IV  
      28c  X

29. Did the organization receive more than $25,000 in non-cash contributions?  If "Yes," complete Schedule M  
   29  X

30. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?  If "Yes," complete Schedule M  
   30  X

31. Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  
   31  X

32. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II  
   32  X

33. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?  If "Yes," complete Schedule R, Part I  
   33  X

34. Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  
   34  X

35a. Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
   35a  X

b. If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?  If "Yes," complete Schedule R, Part V, line 2  
   35b

36. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  
   36  X

37. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes?  If "Yes," complete Schedule R, Part VI  
   37  X

38. Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  
   38  X

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

1a. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  
   1a  15  

b. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  
   1b  0  

c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  
   1c  X

832004 12-31-16  

Form 990 (2018)  

15301112 759621 4801539  2018.05000 JOURNEYS END REFUGEE SERVICES 48015391
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return
   2a  150
   b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b  X
   Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)
   3a Did the organization have unrelated business gross income of $1,000 or more during the year?  3a  X
   b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O
   4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a  X
   b If "Yes," enter the name of the foreign country: 
   5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a  X
   b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b  X
   c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  5c
   6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a  X
   b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b
   7 Organizations that may receive deductible contributions under section 170(c).
   a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?  7a  X
   b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7b
   c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7c  X
   d If "Yes," indicate the number of Forms 8282 filed during the year  7d
   e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  X
   f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f
   g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7g
   h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7h
   8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8
   9 Sponsoring organizations maintaining donor advised funds.
   a Did the sponsoring organization make any taxable distributions under section 4966?  9a
   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b
   10 Section 501(c)(7) organizations. Enter:
   a Initiation fees and capital contributions included on Part VIII, line 12  10a
   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b
   11 Section 501(c)(12) organizations. Enter:
   a Gross income from members or shareholders  11a
   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b
   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12a
   b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b
   13 Section 501(c)(29) qualified nonprofit health insurance issuers.
   a Is the organization licensed to issue qualified health plans in more than one state?  13a
   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  13b
   c Enter the amount of reserves on hand  13c
   14a Did the organization receive any payments for indoor tanning services during the tax year?  14a  X
   b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  14b
   15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?  15  X
   If "Yes," see instructions and file Form 4720, Schedule N.
   16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16  X
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year ........................................ 1a 13 Yes

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1b 13 No

b Enter the number of voting members included in line 1a above, who are independent ...........................................

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .................................................. 2 No

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 No

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 No

5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No

6 Did the organization have members or stockholders? 6 No

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a No

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b No

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a No

a The governing body? ................................................................. 8a No

b Each committee with authority to act on behalf of the governing body? 8b No

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 No

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

10a Did the organization have local chapters, branches, or affiliates? 10a No

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b No

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a No

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11b No

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a No

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b No

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c No

13 Did the organization have a written whistleblower policy? 13 No

14 Did the organization have a written document retention and destruction policy? 14 No

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a No

a The organization's CEO, Executive Director, or top management official 15a No

b Other officers or key employees of the organization 15b No

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15c No

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a No

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b No

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

SCOTT ROSENHECK, CFO - 716-882-4963

2495 MAIN STREET, SUITE 530, BUFFALO, NY 14214
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) DREW DOHERTY</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td>X</td>
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<td></td>
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<tr>
<td>(2) ERIC S. LASCH</td>
<td>5.00</td>
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<tr>
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<td></td>
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</tr>
<tr>
<td>(3) ELIZABETH CALLAHAN</td>
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<td>BOARD MEMBER</td>
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<tr>
<td>(4) BETSY BERGEN</td>
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<td>BOARD MEMBER</td>
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</tr>
<tr>
<td>(5) KATHLEEN NOVEY</td>
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<td>X</td>
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<td>SECRETARY</td>
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<td>(6) JOSEPH PETRI</td>
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<tr>
<td>(7) ESTHER QUARTARONE</td>
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<tr>
<td>CHAIRPERSON OF BOARD</td>
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<tr>
<td>(8) DEEPA SHARMA</td>
<td>5.00</td>
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<tr>
<td>(9) LISA KENNEY</td>
<td>5.00</td>
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<tr>
<td>BOARD MEMBER</td>
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<tr>
<td>(10) ASHICA AMBU</td>
<td>5.00</td>
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<tr>
<td>(11) FLORINA ALTSHILER</td>
<td>5.00</td>
<td>X</td>
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<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) KIMBERLY KADZIOLOKA</td>
<td>5.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>VICE CHAIRPERSON OF BOARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) RACHEL HOMWOOD</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
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<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) WIN MIN THANT</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>BOARD MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) JEFFREY KNAPP</td>
<td>40.00</td>
<td>X</td>
<td>62,852.</td>
<td>0.</td>
<td>11,980.</td>
</tr>
<tr>
<td>DIRECTOR OF FINANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(16) KAREN ANDOLINA SCOTT</td>
<td>40.00</td>
<td>X</td>
<td>76,010.</td>
<td>0.</td>
<td>17,681.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(17) SCOTT ROSENHECK</td>
<td>40.00</td>
<td>X</td>
<td>6,832.</td>
<td>0.</td>
<td>1,156.</td>
</tr>
<tr>
<td>DIRECTOR OF FINANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Officer, director/trustee, key employee, highest compensated employee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Sub-total</td>
<td></td>
<td></td>
<td>145,694</td>
<td>0</td>
<td>30,817</td>
</tr>
<tr>
<td>c Total from continuation sheets to Part VII, Section A</td>
<td></td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>d Total (add lines 1b and 1c)</td>
<td></td>
<td></td>
<td>145,694</td>
<td>0</td>
<td>30,817</td>
</tr>
<tr>
<td>2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B: Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization | 0 |
### Form 990 (2018)  JOURNEYS END REFUGEE SERVICES, INC.  16-1242203  Page 9

**Part VIII**  Statement of Revenue

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 e Government grants (contributions)</td>
<td>$3,132,747</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>$339,739</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 h Total. Add lines 1a-1g</td>
<td>$3,472,486</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2 a CONTRACT SERVICE REVENUE | Business Code 900099 | $423,672 | $423,672 |  |
| 2 b |  |  |  |  |
| 2 c |  |  |  |  |
| 2 d |  |  |  |  |
| 2 e |  |  |  |  |
| 2 f All other program service revenue |  |  |  |  |
| 2 g Total. Add lines 2a-2f | $423,672 |  |  |  |

| 3 Investment income (including dividends, interest, and other similar amounts) |  | $10,010 | $10,010 |  |
| 4 Income from investment of tax-exempt bond proceeds |  |  |  |  |
| 5 Royalties |  |  |  |  |

| 6 a Gross rents |  | (i) Real | (ii) Personal |  |
| 6 b Less: rental expenses |  |  |  |  |
| 6 c Rental income or (loss) |  |  |  |  |
| 6 d Net rental income or (loss) |  |  |  |  |

| 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other |  |
| 7 b Less: cost or other basis and sales expenses |  |  |  |
| 7 c Gain or (loss) |  |  |  |
| 7 d Net gain or (loss) |  |  |  |

| 8 a Gross income from fundraising events (not including $5,000 of contributions reported on line 1c). See Part IV, line 18 |  |  |  |
| 8 b Less: direct expenses |  |  |  |
| 8 c Net income or (loss) from fundraising events |  |  |  |

| 9 a Gross income from gaming activities. See Part IV, line 19 |  |  |  |
| 9 b Less: direct expenses |  |  |  |
| 9 c Net income or (loss) from gaming activities |  |  |  |

| 10 a Gross sales of inventory, less returns and allowances |  |  |  |
| 10 b Less: cost of goods sold |  |  |  |
| 10 c Net income or (loss) from sales of inventory |  |  |  |

**Other Revenue**

**Miscellaneous Revenue**  Business Code 900099  $31,668  $31,668

| 11 a MISCELLANEOUS INCOME |  | $31,668 | $31,668 |  |
| 11 b |  |  |  |  |
| 11 c |  |  |  |  |
| 11 d All other revenue |  |  |  |  |
| 11 e Total. Add lines 11a-11d | $31,668 |  |  |  |

<table>
<thead>
<tr>
<th>12 Total revenue. See instructions</th>
<th></th>
<th>$3,937,836</th>
<th>$455,340</th>
<th>$0</th>
<th>$10,010</th>
<th></th>
</tr>
</thead>
</table>

832009 12-31-18

Form 990 (2018)

15301112 759621 4801539  2018.05000  JOURNEYS END REFUGEE SERVICES 48015391
### Part IX | Statement of Functional Expenses

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

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

<table>
<thead>
<tr>
<th>A</th>
<th>Total expenses</th>
<th>B</th>
<th>Program service expenses</th>
<th>C</th>
<th>Management and general expenses</th>
<th>D</th>
<th>Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td>300,800</td>
<td>300,800</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>176,511</td>
<td>152,701</td>
<td>16,193</td>
<td>7,617</td>
<td></td>
<td></td>
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<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4968(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>1,732,524</td>
<td>1,498,820</td>
<td>158,939</td>
<td>74,765</td>
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<td></td>
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<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>275,280</td>
<td>238,147</td>
<td>25,254</td>
<td>11,879</td>
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<td>Payroll taxes</td>
<td>161,494</td>
<td>139,710</td>
<td>14,815</td>
<td>6,969</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees)</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
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</tr>
<tr>
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<td>Legal</td>
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<td>120</td>
<td>2,225</td>
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<td>Accounting</td>
<td>17,597</td>
<td></td>
<td>15,224</td>
<td>1,614</td>
<td>759</td>
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<td>d</td>
<td>Lobbying</td>
<td></td>
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<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
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<td></td>
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<tr>
<td>f</td>
<td>Investment management fees</td>
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<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>237,189</td>
<td>224,633</td>
<td>12,556</td>
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<tr>
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<td>Advertising and promotion</td>
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<td>1,970</td>
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<td>13</td>
<td>Office expenses</td>
<td>108,933</td>
<td>76,658</td>
<td>23,272</td>
<td>9,003</td>
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<td></td>
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<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
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</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>154,445</td>
<td>133,611</td>
<td>14,169</td>
<td>6,665</td>
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<td></td>
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<tr>
<td>17</td>
<td>Travel</td>
<td>35,610</td>
<td>31,513</td>
<td>3,557</td>
<td>540</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>25,207</td>
<td>21,807</td>
<td>2,312</td>
<td>1,088</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>16,043</td>
<td>11,410</td>
<td>3,698</td>
<td>935</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>a</td>
<td>TRAINING</td>
<td>31,147</td>
<td>26,007</td>
<td>5,100</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>TELEPHONE &amp; INTERNET</td>
<td>25,464</td>
<td>22,029</td>
<td>2,336</td>
<td>1,099</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>TRANSLATING FEES</td>
<td>17,568</td>
<td>17,568</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>VOLUNTEER EXPENSE</td>
<td>17,230</td>
<td>14,850</td>
<td></td>
<td>2,380</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>19,327</td>
<td>5,165</td>
<td>3,375</td>
<td>10,787</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>3,357,170</td>
<td>2,931,259</td>
<td>289,415</td>
<td>136,496</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here □ if following SOP 98-2 (ASC 958-720)
<table>
<thead>
<tr>
<th>Part X</th>
<th>Balance Sheet</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>601,719.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>299,991.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>5,000.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>896,100.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaids expenses and deferred charges</td>
<td>55,843.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>303,881.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>169,208.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>1,990,987.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>4,694.</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>142,484.</td>
</tr>
</tbody>
</table>

Organizations that follow SFAS 117 (ASC 958), check here □ and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>1,805,734.</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>42,769.</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
</tr>
</tbody>
</table>

Organizations that do not follow SFAS 117 (ASC 958), check here □ and complete lines 30 through 34.

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>1,848,503.</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>1,990,987.</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cash</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis</td>
<td>☐ Consolidated basis</td>
</tr>
<tr>
<td>b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis</td>
<td>☐ Consolidated basis</td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</td>
<td>X</td>
</tr>
</tbody>
</table>
**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or 990-EZ.

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

---

**Name of the organization**

JOURNEYS END REFUGEE SERVICES, INC.  
Employer identification number 16-1242203

---

**Part I: Reason for Public Charity Status**

(All organizations must complete this part.) See instructions.

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

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-10 above; see instructions)</th>
<th>(iv) Amount of monetary support (see instructions)</th>
<th>(v) Amount of other support (see instructions)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832201 10-11-16 Schedule A (Form 990 or 990-EZ) 2018

15301112 759621 4801539 2018.05000 JOURNEYS END REFUGEE SERVIC 48015391
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;.............</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization's benefit and either paid to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or expended on its behalf.................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization without charge..............</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 <strong>Total. Add lines 1 through 3</strong> ........</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The portion of total contributions by</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>each person (other than a governmentally</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>supported organization) included on line</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 that exceeds 2% of the amount shown on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line 11, column (f)......................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 **Public support. Subtract line 5 from</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>line 4**................................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4.......................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dividends, payments received on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>securities loans, rents, royalties,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and income from similar sources............</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>activities, whether or not the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>business is regularly carried on...........</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income. Do not include gain or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Explain in Part VI.)......................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 <strong>Total support. Add lines 7 through 10</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>etc. (see instructions)....................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 <strong>First five years. If the Form 990 is</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>for the organization's first, second,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>third, fourth, or fifth tax year as a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>section 501(c)(3) organization, check this</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>box and <strong>stop here</strong>........................</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization | | |
| 16b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization | | |
| 17a 10% facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | |
| 17b 10% facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | |
| 18 **Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions** | | |
**Section A. Public Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td>138,549.</td>
<td>130,796.</td>
<td>127,419.</td>
<td>318,751.</td>
<td>3472486.</td>
<td>4188001.</td>
</tr>
<tr>
<td>membership fees received. (Do not include</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Gross receipts from admissions,</td>
<td>3187550.</td>
<td>3320952.</td>
<td>3884532.</td>
<td>3452044.</td>
<td>423672.</td>
<td>14268750.</td>
</tr>
<tr>
<td>merchandise sold or services performed,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or facilities furnished in any activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>that is related to the organization's</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>not an unrelated trade or business under</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total Add lines 1 through 5</td>
<td>3326099.</td>
<td>3451748.</td>
<td>4011951.</td>
<td>3770795.</td>
<td>3896158.</td>
<td>18456751.</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>received from disqualified persons</td>
<td>12,000.</td>
<td>10,800.</td>
<td>12,000.</td>
<td>62,000.</td>
<td>12,000.</td>
<td>108,800.</td>
</tr>
<tr>
<td>7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 16 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Add lines 7a and 7b</td>
<td>12,000.</td>
<td>10,800.</td>
<td>12,000.</td>
<td>62,000.</td>
<td>12,000.</td>
<td>108,800.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Public support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18347951.</td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2014</th>
<th>(b) 2015</th>
<th>(c) 2016</th>
<th>(d) 2017</th>
<th>(e) 2018</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>3326099.</td>
<td>3451748.</td>
<td>4011951.</td>
<td>3770795.</td>
<td>3896158.</td>
<td>18456751.</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>payments received on securities loans, rent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>s, royalties, and income from similar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Unrelated business taxable income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(less section 511 taxes) from businesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Other income. Do not include gain or</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 Total support. (Add lines 9, 10a, 11,</td>
<td>3326099.</td>
<td>3451748.</td>
<td>4011951.</td>
<td>3770795.</td>
<td>3906168.</td>
<td>184666761.</td>
</tr>
<tr>
<td>and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14 First five years. If the Form 990 is for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>the organization's first, second, third,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fourth, or fifth tax year as a section</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>501(c)(3) organization, check this box and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>15</th>
<th>99.36%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) 2015</td>
<td>16</td>
<td>99.37%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a) 2014</th>
<th>17</th>
<th>0.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b) 2015</td>
<td>18</td>
<td></td>
</tr>
</tbody>
</table>

**19a Support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**19b Support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
Section A. All Supporting Organizations

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

<table>
<thead>
<tr>
<th>11</th>
<th>Has the organization accepted a gift or contribution from any of the following persons?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>a</strong> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
</tr>
<tr>
<td>11a</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>b</strong> A family member of a person described in (a) above?</td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>c</strong> A 35% controlled entity of a person described in (a) or (b) above? If “Yes,” provide detail in Part VI.</td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Type I Supporting Organizations

| 1  | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s directors or trustees at all times during the tax year? If “No,” describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization’s activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |
|    |                                                                                      |
| 2  | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If “Yes,” explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. |

### Section C. Type II Supporting Organizations

| 1  | Were a majority of the organization’s directors or trustees during the tax year also a majority of the directors or trustees of each of the organization’s supported organization(s)? If “No,” describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |
|    |                                                                                      |

### Section D. All Type III Supporting Organizations

| 1  | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided? |
|    |                                                                                      |
| 2  | Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If “No,” explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). |
| 3  | By reason of the relationship described in (2), did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If “Yes,” describe in Part VI the role the organization’s supported organizations played in this regard. |

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

| 1  | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). |
|    |                                                                                      |
| a  | The organization satisfied the Activities Test. Complete line 2 below.               |
| b  | The organization is the parent of each of its supported organizations. Complete line 3 below. |
| c  | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). |

| 2  | Activities Test. Answer (a) and (b) below.                                         |
|    |                                                                                      |
| a  | Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If “Yes,” then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |
| 2a |                                                                                      |
| b  | Did the activities described in (a) constitute activities that, but for the organization’s involvement, one or more of the organization’s supported organization(s) would have been engaged in? If “Yes,” explain in Part VI the reasons for the organization’s position that its supported organization(s) would have engaged in these activities but for the organization’s involvement. |
| 2b |                                                                                      |

| 3  | Parent of Supported Organizations. Answer (a) and (b) below.                         |
|    |                                                                                      |
| a  | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. |
| 3a |                                                                                      |
| b  | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If “Yes,” describe in Part VI the role played by the organization in this regard. |
| 3b |                                                                                      |
**Part V**  
**Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

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

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2</td>
<td>Enter 85% of line 1</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7</td>
<td>Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
### Schedule A (Form 990 or 990-EZ) 2018

**JOURNEYS END REFUGEE SERVICES, INC.** 16-1242203 Page 7

#### Part V

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

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3. Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4. Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5. Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6. Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>7. <strong>Total annual distributions.</strong> Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>9. Distributable amount for 2018 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10. Line 6 amount divided by line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E - Distribution Allocations (see instructions)</th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2018</th>
<th>(iii) Distributable Amount for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distributable amount for 2018 from Section C, line 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Underdistributions, if any, for years prior to 2018 (reasonable cause required; explain in Part VI). See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Excess distributions carryover, if any, to 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. From 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. From 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. From 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. From 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. From 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Total of lines 3a through e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Applied to 2018 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Carryover from 2013 not applied (see instructions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Distributions for 2018 from Section D, line 7:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Applied to underdistributions of prior years</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Applied to 2018 distributable amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. <strong>Excess distributions carryover to 2019.</strong> Add lines 3j and 4c.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Excess from 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Excess from 2015</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Excess from 2016</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Excess from 2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Excess from 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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15301112 759621 4801539 2018.05000 JOURNEYS END REFUGEE SERVIC 48015391
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

JOURNEYS END REFUGEE SERVICES, INC.

Employer identification number

16-1242203

Organization type (check one):

Filers of:

Form 990 or 990-EZ

☐ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 15a, or 15b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1b; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don’t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823451 11-08-18
<table>
<thead>
<tr>
<th>No.</th>
<th>Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>JOHN OISHEI FOUNDATION</td>
</tr>
<tr>
<td></td>
<td>ONE HSBC CENTER, SUITE #3650</td>
</tr>
<tr>
<td></td>
<td>BUFFALO, NY 14203</td>
</tr>
<tr>
<td></td>
<td>Total contributions $12,000.</td>
</tr>
<tr>
<td></td>
<td>Type of contribution Person [x]</td>
</tr>
<tr>
<td></td>
<td>Payroll [ ]</td>
</tr>
<tr>
<td></td>
<td>Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>2</td>
<td>CHILDREN'S FOUNDATION OF ERIE COUNTY</td>
</tr>
<tr>
<td></td>
<td>PO BOX 560</td>
</tr>
<tr>
<td></td>
<td>KENMORE, NY 14217</td>
</tr>
<tr>
<td></td>
<td>Total contributions $5,000.</td>
</tr>
<tr>
<td></td>
<td>Type of contribution Person [x]</td>
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<tr>
<td></td>
<td>Payroll [ ]</td>
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<td>Noncash [ ]</td>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>3</td>
<td>GARMAN FOUNDATION</td>
</tr>
<tr>
<td></td>
<td>3556 LAKE SHORE ROAD, SUITE 620</td>
</tr>
<tr>
<td></td>
<td>BUFFALO, NY 14219</td>
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<td></td>
<td>Total contributions $22,308.</td>
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<tr>
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<td>Type of contribution Person [x]</td>
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<td>Payroll [ ]</td>
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<td>(Complete Part II for noncash contributions.)</td>
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<tr>
<td>4</td>
<td>DOLLAR GENERAL LITERACY FOUNDATION</td>
</tr>
<tr>
<td></td>
<td>100 MISSION RIDGE</td>
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<td></td>
<td>GOODLETTSVILLE, TN 37072</td>
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<td></td>
<td>Total contributions $8,000.</td>
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<td></td>
<td>Type of contribution Person [x]</td>
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<tr>
<td></td>
<td>Payroll [ ]</td>
</tr>
<tr>
<td></td>
<td>Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>5</td>
<td>FARRIS FOUNDATION</td>
</tr>
<tr>
<td></td>
<td>250 S AUSTRALIAN AVE, #1403</td>
</tr>
<tr>
<td></td>
<td>WEST PALM BEACH, FL 33401</td>
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<tr>
<td></td>
<td>Total contributions $16,000.</td>
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<td>Type of contribution Person [x]</td>
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<td>Payroll [ ]</td>
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<td></td>
<td>Noncash [ ]</td>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
<tr>
<td>6</td>
<td>EDEN DEDRICK</td>
</tr>
<tr>
<td></td>
<td>220 JAMES E CASEY DR</td>
</tr>
<tr>
<td></td>
<td>BUFFALO, NY 14206</td>
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<tr>
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<td>Total contributions $10,000.</td>
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<td>Type of contribution Person [x]</td>
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<td>Payroll [ ]</td>
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<tr>
<td></td>
<td>Noncash [ ]</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
</tr>
</tbody>
</table>
**JOURNEYS END REFUGEE SERVICES, INC.**

**Employer identification number**

16-1242203

### Part I Contributors

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>CHUR FAMILY FOUNDATION</td>
<td>$ 8,500</td>
<td>Person  X</td>
</tr>
<tr>
<td></td>
<td>9159 MAIN ST, NO 1</td>
<td></td>
<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>CLARENCE, NY 14031</td>
<td></td>
<td>Noncash</td>
</tr>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
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<tr>
<td>14</td>
<td>JAMES H. CUMMINGS FOUNDATION, INC.</td>
<td>$ 19,641</td>
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<td></td>
<td>120 W TUPPER ST</td>
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<td></td>
<td>BUFFALO, NY 14201</td>
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<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
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<tr>
<td>15</td>
<td>YPO EMPIRE STATE</td>
<td>$ 5,000</td>
<td>Person  X</td>
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<td></td>
<td>84 FALCON TRL</td>
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<td>Payroll</td>
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<tr>
<td></td>
<td>PITTSFORD, NY 14534</td>
<td></td>
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<td>(Complete Part II for noncash contributions.)</td>
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<td></td>
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<tr>
<td>16</td>
<td>THE NEW YORK IMMIGRATION COALITION</td>
<td>$ 13,333</td>
<td>Person  X</td>
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<tr>
<td></td>
<td>131 W 33RD ST</td>
<td></td>
<td>Payroll</td>
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<tr>
<td></td>
<td>NEW YORK, NY 10001</td>
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<td>(Complete Part II for noncash contributions.)</td>
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<td></td>
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<tr>
<td>17</td>
<td>NEWBERT RUSSELL A</td>
<td>$ 30,062</td>
<td>Person  X</td>
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<tr>
<td></td>
<td>200 CAZENOVIA ST</td>
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<td></td>
<td>BUFFALO, NY 14210</td>
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<td>Noncash</td>
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<td>(Complete Part II for noncash contributions.)</td>
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<tr>
<td>18</td>
<td>BUREAU OF REFUGEE &amp; IMMIGRANT ASSISTANCE</td>
<td>$ 1,582,553</td>
<td>Person  X</td>
</tr>
<tr>
<td></td>
<td>40 NORTH PEARL ST</td>
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<td>Payroll</td>
</tr>
<tr>
<td></td>
<td>ALBANY, NY 12243</td>
<td></td>
<td>Noncash</td>
</tr>
<tr>
<td></td>
<td>(Complete Part II for noncash contributions.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
JOURNEYS END REFUGEE SERVICES, INC. 16-1242203

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

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>CHURCH WORLD SERVICES</td>
<td>$634,778.</td>
<td>Person X</td>
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<td>475 RIVERSIDE DR, SUITE 700</td>
<td></td>
<td>Payroll</td>
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<tr>
<td></td>
<td>NEW YORK, NY 10115</td>
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<td>Noncash</td>
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<tr>
<td>20</td>
<td>LIBERTY DEFENSE PROJECT</td>
<td>$100,376.</td>
<td>Person X</td>
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<td>131 W 33RD ST, SUITE 610</td>
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<td></td>
<td>NEW YORK, NY 10001</td>
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<td>Noncash</td>
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<tr>
<td>21</td>
<td>REFUGEE AGRICULTURAL PARTNERSHIP PROGRAM</td>
<td>$97,385.</td>
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<td>370 L'ENFANT PROMENADE</td>
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<tr>
<td></td>
<td>WASHINGTON, DC 20447</td>
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<tr>
<td>22</td>
<td>OFFICE OF NEW AMERICANS</td>
<td>$240,612.</td>
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<td>99 WASHINGTON AVE</td>
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<td></td>
<td>ALBANY, NY 12231</td>
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<td>Noncash</td>
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<td>23</td>
<td>NYS JUDICIARY</td>
<td>$154,655.</td>
<td>Person X</td>
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<td>2500 POND VIEW</td>
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<td>Payroll</td>
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<tr>
<td></td>
<td>CASTLETON-ON-HUDSON, NY 12033</td>
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<td>Noncash</td>
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<tr>
<td>24</td>
<td>PATHWAYS</td>
<td>$159,605.</td>
<td>Person X</td>
</tr>
<tr>
<td></td>
<td>121 ELLICOTT ST</td>
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<td>Payroll</td>
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<tr>
<td></td>
<td>BUFFALO, NY 14203</td>
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<td>Noncash</td>
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<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
</tr>
</tbody>
</table>
| 25  | EPISCOPAL MIGRATION MINISTRIES  
700 S ROYAL POINCIANA BLVD  
MIAMI SPRINGS, FL 33166 | $10,553. | Person X, Payroll, Noncash |
| 26  | REFUGEE HEALTH PROGRAM  
40 NORTH PEARL ST  
ALBANY, NY 12243 | $11,984. | Person X, Payroll, Noncash |
| 27  | EQUAL JUSTICE WORKS  
1730 M STREET NW  
WASHINGTON, DC 20036 | $38,330. | Person X, Payroll, Noncash |
| 28  | MICROENTERPRISE  
370 L'ENFANT PROMENADE  
WASHINGTON, DC 20447 | $21,413. | Person X, Payroll, Noncash |
| 29  | INTEREST ON LAWYER ACCOUNT NYS  
11 EAST 44TH ST  
NEW YORK, NY 10017 | $50,000. | Person X, Payroll, Noncash |
| 30  | TORTURE SURVIVOR  
370 L'ENFANT PROMENADE  
WASHINGTON, DC 20447 | $30,000. | Person X, Payroll, Noncash |
### Part II: Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
## JOURNEYS END REFUGEE SERVICES, INC.

### Part III

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

Use duplicate copies of Part III if additional space is needed.

16-1242203

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this info. next to $.)
**Political Campaign and Lobbying Activities**

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

- Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.
- Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

### Name of organization

| JOURNEYS END REFUGEE SERVICES, INC. | 16-1242203 |

### Part I-A

| Complete if the organization is exempt under section 501(c) or is a section 527 organization. |

1. Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2. Political campaign activity expenditures
3. Volunteer hours for political campaign activities

### Part I-B

| Complete if the organization is exempt under section 501(c)(3). |

1. Enter the amount of any excise tax incurred by the organization under section 4955
2. Enter the amount of any excise tax incurred by organization managers under section 4955
3. If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
   - Yes
   - No
4a. Was a correction made?
   - Yes
   - No

b. If "Yes," describe in Part IV.

### Part I-C

| Complete if the organization is exempt under section 501(c), except section 501(c)(3). |

1. Enter the amount directly expended by the filing organization for section 527 exempt function activities
2. Enter the amount of the filing organization's funds contributed to other organizations for section 527
   exempt function activities
3. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
   line 17b
   - $ |
4. Did the filing organization file Form 1120-POL for this year?
   - Yes
   - No
5. Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization
   made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political
   contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a
   political action committee (PAC). If additional space is needed, provide information in Part IV.

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds. If none, enter -0-</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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

Schedule C (Form 990 or 990-EZ) 2018

LHA

832041 11-05-18

15301112 759621 4801539 2018.05000 JOURNEYS END REFUGEE SERVICES 48015391
Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A. Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B. Check if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2015</th>
<th>(b) 2016</th>
<th>(c) 2017</th>
<th>(d) 2018</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column(a))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column (o))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990-EZ) 2018
**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td>X</td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1l)?</td>
<td>X</td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td>X</td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td>X</td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td>X</td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td>X</td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td>X</td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td>X</td>
</tr>
<tr>
<td>i</td>
<td>Other activities?</td>
<td>X</td>
</tr>
<tr>
<td>j</td>
<td>Total. Add lines 1c through 1l</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

b If "Yes," enter the amount of any tax incurred under section 4912

c If "Yes," enter the amount of any tax incurred by organization managers under section 4912

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?</td>
<td>3</td>
</tr>
</tbody>
</table>

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members

2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).

2a Current year

2b Carryover from last year

2c Total

3 Aggregate amount reported in section 6033(e)(f)(A) notices of nondeductible section 162(e) dues

4 If notice were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5 Taxable amount of lobbying and political expenditures (see instructions)

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**TRAVEL AND LODGING EXPENSES FOR ORGANIZATION STAFF MEMBERS TO ADVOCATE**

**FOR REFUGEES IN ALBANY (THE STATE CAPITOL). THERE WAS NO LOBBYING FOR**

**SPECIFIC LEGISLATION.**
Supplemental Financial Statements

Part I: Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

1. Total number at end of year
2. Aggregate value of contributions to (during year)
3. Aggregate value of grants from (during year)
4. Aggregate value at end of year

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
   - Yes
   - No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
   - Yes
   - No

Part II: Conservation Easements.

1. Purpose(s) of conservation easements held by the organization (check all that apply).
   - Preservation of land for public use (e.g., recreation or education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

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

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

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

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

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
   - Yes
   - No

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

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

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(iii) and section 170(h)(4)(B)(ii)?
   - Yes
   - No

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

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

1. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
   - Revenue included on Form 990, Part VIII, line 1
   - Assets included in Form 990, Part X
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a  Public exhibition
   b  Scholarly research
   c  Preservation for future generations
   d  Loan or exchange programs
   e  Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? □ Yes □ No

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

1a Beginning of year balance

b Contributions

c Net investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

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

a Board designated or quasi-endowment ▲ %

b Permanent endowment ▲ %

c Temporarily restricted endowment ▲ %

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

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

(i) unrelated organizations
   □ Yes □ No

(ii) related organizations
   □ Yes □ No

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

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

Part VI Land, Buildings, and Equipment.

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

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>303,881,169,208,134,673.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▲ 134,673.
### Part VII  Investments - Other Securities.

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

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(D)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)**

### Part VIII  Investments - Program Related.

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

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)**

### Part IX  Other Assets.

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)**

### Part X  Other Liabilities.

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

1. **(a) Description of liability**

<table>
<thead>
<tr>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
</tr>
<tr>
<td>(2)</td>
</tr>
<tr>
<td>(3)</td>
</tr>
<tr>
<td>(4)</td>
</tr>
<tr>
<td>(5)</td>
</tr>
<tr>
<td>(6)</td>
</tr>
<tr>
<td>(7)</td>
</tr>
<tr>
<td>(8)</td>
</tr>
<tr>
<td>(9)</td>
</tr>
</tbody>
</table>

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. [ ]
### Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>1</td>
<td>3,937,836</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net unrealized gains (losses) on investments</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donated services and use of facilities</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recoveries of prior year grants</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Describe in Part XIII.)</td>
<td>2e</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>3,937,836</td>
</tr>
<tr>
<td>5</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Describe in Part XIII.)</td>
<td>4c</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5</td>
<td>3,937,836</td>
</tr>
</tbody>
</table>

### Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Line</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>1</td>
<td>3,357,170</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donated services and use of facilities</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prior year adjustments</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other losses</td>
<td>2d</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Describe in Part XIII.)</td>
<td>2e</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>3</td>
<td>3,357,170</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td>4a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other (Describe in Part XIII.)</td>
<td>4c</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5</td>
<td>3,357,170</td>
</tr>
</tbody>
</table>

### Part XIII: Supplemental Information

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

---

**PART X, LINE 2:**

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAX AS PROVIDED BY THE REGULATIONS SET FORTH IN SECTION 501(C)(3) OF THE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION FILES IT RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX IN THE US FEDERAL JURISDICTION AND ITS ANNUAL FILING OF CHARITABLE ORGANIZATIONS IN NEW YORK STATE.
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

Name of the organization: JOURNEYS END REFUGEE SERVICES, INC.

Employer identification number: 16-1242203

<table>
<thead>
<tr>
<th>Part I</th>
<th>General Information on Grants and Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ........................................... X Yes No</td>
</tr>
<tr>
<td>2</td>
<td>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part II</th>
<th>Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered &quot;Yes&quot; on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name and address of organization or government</td>
<td>(b) EIN</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)
### Part III
Grants and Other Assistance to Domestic Individuals

Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECT REFUGEE SUPPORT</td>
<td>192</td>
<td>64,253</td>
<td>236,546,8/A</td>
<td>HOUSING, FOOD, CLOTHING, TRANSPORTATION AND MEDICAL</td>
<td></td>
</tr>
</tbody>
</table>

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

**PART I, LINE 2:**

Program directors monitor each program to internally track the amount of assistance per refugee based on the individual program requirements. Case managers review each client file at the close of every month with the finance department and program director to internally audit financial records. Program leads review client files for accuracy at the 45 day mark since arrival. The program director closes out each client file at the 90th day by reviewing the file for completion and verifying the financial documentation is complete and accurate. The national office monitors file.
CLOSURES AND EXPENDITURES WITH 90 AND 180 DAY REPORTS.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CREED, TO LINK SUCH REFUGEES TO EXISTING SOCIAL SERVICES, AND TO TAKE
ALL APPROPRIATE STEPS TO FOSTER A HEALTHY SOCIAL AND SPIRITUAL
COMMUNITY AMONG REFUGEES LIVING IN THE WESTERN NEW YORK AREA.

FORM 990, PART VI, SECTION A, LINE 4:
IN OCTOBER 2017, THE ORGANIZATION VOTED TO CHANGE THE BYLAWS TO ALLOW
CHECKS IN EXCESS OF $10,000 IN THE THE NORMAL COURSE OF BUSINESS TO BE
ISSUED WITH ONLY ONE SIGNATURE. THE PREVIOUS POLICY WAS THAT A CHECK
GREATER THAN $10,000 REQUIRED A SECOND SIGNATURE FROM THE TREASURER OR
BOARD CHAIRMAN. A FINAL DRAFT WAS CIRCULATED ON MAY 11, 2018.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. THE BOARD
TREASURER, FINANCE COMMITTEE AND THE EXECUTIVE DIRECTOR INITIALLY REVIEW
THE FORM 990. AFTER THEIR REVIEW, THE ENTIRE BOARD REVIEWS THE FORM 990
PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION TRAINS ALL NEW BOARD MEMBERS ON WHAT CONSTITUTES A
CONFLICT OF INTEREST. ALL BOARD MEMBERS HAVE RECEIVED AND ARE TRAINED ON
THE NEW YORK STATE NOT-FOR-PROFIT CHARITIES BUREAU PUBLICATION
"RESPONSIBILITIES OF DIRECTORS GUIDE." CONFLICT OF INTEREST STATEMENTS ARE
SIGNED ANNUALLY AT THE BOARD RETREAT, REVIEWED BY THE EXECUTIVE COMMITTEE,
AND MAINTAINED BY THE EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION'S BOARD OFFICERS ARE NOT COMPENSATED. SALARY RANGES FOR KEY EMPLOYEES ARE DETERMINED BY THE BOARD PERSONNEL COMMITTEE BASED ON AVAILABLE FUNDS AND COMPETITIVE SALARIES FOR SIMILAR POSITIONS.

FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS IN PLACE AND ENFORCED IN COMPLIANCE WITH STANDARDS ESTABLISHED BY THE NEW YORK STATE NOT-FOR-PROFIT CHARITIES BUREAU PUBLICATION "RESPONSIBILITIES OF DIRECTORS GUIDE."

FORM 990, PART XII, LINE 2C
THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.
Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).
All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<table>
<thead>
<tr>
<th>Type or print</th>
<th>Name of exempt organization or other filer, see instructions.</th>
<th>Enter filer's identifying number</th>
</tr>
</thead>
<tbody>
<tr>
<td>File by the due date for filing your return. See instructions.</td>
<td>JOURNEYS END REFUGEE SERVICES, INC.</td>
<td>Employer identification number (EIN) or Social security number (SSN)</td>
</tr>
<tr>
<td>Number, street, and room or suite no. If a P.O. box, see instructions.</td>
<td>2495 MAIN STREET, NO. 530</td>
<td>16-1242203</td>
</tr>
<tr>
<td>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</td>
<td>BUFFALO, NY 14214</td>
<td></td>
</tr>
</tbody>
</table>

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

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

JEFF KNAPP, DIRECTOR OF FINANCE
• The books are in the care of 2495 MAIN STREET, SUITE 530 - BUFFALO, NY 14214
Telephone No. 716-882-4963 Fax No. 716-882-4963
• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1. I request an automatic 6-month extension of time until NOVEMBER 15, 2019 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: [X] calendar year 2018 or [ ] tax year beginning , and ending .

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 4069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a $ 0.
b If this application is for Forms 990-PF, 990-T, 4720, or 4069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b $ 0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c $ 0.

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2019)