** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

ΑI	For th	he 2016 calendar year, or tax year beginning	and en	ding	_						
В	Check i	if Lobe: C Name of organization			D Employer iden	tifica	tion number				
	Addi char	ress NORWEGIAN REFUGEE COUNCIL USA									
	Nam char	ne Doing business as			47-5342860						
\ <u>X</u>	Initia retur Final retur		E Telephone num		94-4401						
	term ated	City or town, state or province, country, and ZIP or foreign postal co	ode		G Gross receipts \$		488,600.				
F	retur	m WASHINGTON, DC 20005	H(a) Is this a grou								
	App tion pend	F Name and address of principal officer: JOEL CHARNY SAME AS C ABOVE	for subordinal H(b) Are all subordinal								
$\overline{}$	Tay.e		17(a)(1) or	527	-1		t. (see instructions)				
		site: HTTPS://WWW.NRC.NO/USA	17 (4)(1) 01		H(c) Group exemp		,				
		of organization: X Corporation Trust Association Other	•	1 Year			State of legal domicile: DC				
	art I			_ rour	oriorination, = = = =	- 1111 0	rate or logal dollinoid. = -				
	1	Briefly describe the organization's mission or most significant activities:	SEE PA	ART I	III. LINE 1	1.					
uce	'	Energy describes the digamentation of mississing impaint destricted.			•						
Governance	2	Check this box if the organization discontinued its operations o	r dispose	d of more	e than 25% of its ne	t asse	ets.				
ĕ	3	Number of voting members of the governing body (Part VI, line 1a)	•			3	5				
Ğ	4	Number of independent voting members of the governing body (Part VI, Iii				4	4				
οğ	5	Total number of individuals employed in calendar year 2016 (Part V, line 2)				5	4				
Activities &	6	Total number of volunteers (estimate if necessary)				6	4				
ŧ	1	a Total unrelated business revenue from Part VIII, column (C), line 12			·····	7a	0.				
⋖		b Net unrelated business taxable income from Form 990-T, line 34				7b	0.				
					Prior Year		Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)					488,600.				
	9	Program service revenue (Part VIII, line 2g)					0.				
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					0.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lin					488,600.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)					0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)					0.				
s	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines				287,106.					
ıse	16a	a Professional fundraising fees (Part IX, column (A), line 11e)					0.				
Expenses	Ŀ	b Total fundraising expenses (Part IX, column (D), line 25)		j.							
й	17					-	114,961.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)					402,067.				
	19	Revenue less expenses. Subtract line 18 from line 12					86,533.				
Net Assets or Fund Balances					eginning of Current Ye	ar	End of Year				
sets	20	Total assets (Part X, line 16)			•		101,749.				
ASS	21	Total liabilities (Part X, line 26)					15,216.				
Fuel	22	Net assets or fund balances. Subtract line 21 from line 20					86,533.				
Pá	art II	Signature Block									
Und	ler per	nalties of perjury, I declare that I have examined this return, including accompanying s	schedules a	nd statem	nents, and to the best o	f my k	nowledge and belief, it is				
true	, corre	ect, and complete. Declaration of preparer (other than officer) is based on all informati	ion of whicl	h prepare	r has any knowledge.						
Sig	n	Signature of officer			Date						
Her	re	JOEL CHARNY, DIRECTOR									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature			Date Check] PTIN				
Pai	d				if self-en	nployed					
Pre	parer				Firm's EIN	<u> </u>	52-1392008				
Use	Only		50N								
		BETHESDA, MD 20814-2930			Phone no.	(30:					
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)					X Yes No				

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	NRC USA'S PRIMARY OBJECTIVES ARE RAISING MONEY FOR THE NORWEGIAN
	REFUGEE COUNCIL'S OVERSEAS PROGRAMS THAT MEET THE NEEDS OF CONFLICT
	AFFECTED REFUGEES AND INTERNALLY DISPLACED PEOPLE, AND PROVIDING
	HUMANITARIAN POLICY ADVICE TO THE ADMINISTRATION, CONGRESS AND PEER
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 X 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
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 201,482 • including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$2U1, 482. including grants of \$) (Revenue \$) NRC USA ASSISTS THE FIELD PROGRAMS IN APPLYING FOR CRITICAL SUPPORT.
	THE POLICY AND ADVOCACY WORK TRANSLATES THE DIRECT EXPERIENCES OF NRC
	FIELD STAFF AND PROGRAMS INTO PRACTICAL RECOMMENDATIONS AS TO HOW THE
	U.S. GOVERNMENT AND CONGRESS CAN BETTER MEET THE NEEDS OF THE WORLD'S
	REFUGEES.
	(Code:) (Expenses \$ 145,149 • including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$145,149 · including grants of \$) (Revenue \$) NRC USA WAS ESTABLISHED WITH TWO PRIMARY OBJECTIVES; RAISING MONEY FOR
	THE NORWEGIAN REFUGEE COUNCIL'S OVERSEAS PROGRAMS THAT MEET THE NEEDS
	OF CONFLICT-AFFECTED REFUGEES AND INTERNALLY DISPLACED PEOPLE, AND
	PROVIDING HUMANITARIAN POLICY ADVICE TO THE ADMINISTRATION, CONGRESS
	AND PEER NON-GOVERNMENTAL ORGANIZATIONS. NRC USA IS ALSO A RESOURCE TO
	UNIVERSITIES, THINK TANKS, AND THE GENERAL PUBLIC ON REFUGEE ISSUES AND
	SEEKS FINANCIAL SUPPORT AND PARTNERSHIPS WITH U.S. BASED INDIVIDUALS,
	FOUNDATIONS AND CORPORATIONS.
4c	(Code:) (Expenses \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , ,
	,
	·
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 346,631.
	Form 990 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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 donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
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		Х
С	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			7.7
	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			37
	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			v
	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,			v
	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			v
46	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,"	امدا		v
	complete Schedule G, Part III	19		X

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			۱
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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		Х
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		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	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		Х
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		Х
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):			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			۱
	contributions? If "Yes," complete Schedule M	30		Х
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		х
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		х
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		<u> </u>
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?		7.7	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2016)

Form 990 (2016) NORWEGIAN REFUGEE COUNCIL USA Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						
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 2								
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)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
4a	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: ►								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37					
	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					
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5с							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v					
	any contributions that were not tax deductible as charitable contributions?	6a		X					
р	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	CI.							
-	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and convices provided to the payor?	70		Х					
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		21					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	75							
·	to file Form 8282?	7c		х					
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		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
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 N/A								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders N/A 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
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 They the amount of receives an hand								
	Enter the amount of reserves on hand Did the organization receive any payments for indeer tapping services during the tay year?	14-		X					
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yos" has it filed a Form 720 to report those payments? If "No " provide an explanation in Schedule O.	14a 14b		-22					
<u>u</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		990	(2016)					

632005 11-11-16

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

 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the yather organization of the provided of									
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. 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 relations officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Forn 5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders? 7a Did the organization become aware during the year of a significant diversion of the organization's ≥ 6 Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members persons other than the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? list here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be norganization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal 10a Did the organization have local chapters, branches, or affiliates? b if "Yes," did the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with the organization's exempt purposes? 10a Did the organization have a written continue the relation and destruction policy? 1 bid the organizat									
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. 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 relations officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Forn 5 Did the organization have members or stockholders? 7a Did the organization have members or stockholders? 7a Did the organization become aware during the year of a significant diversion of the organization's ≥ 6 Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members persons other than the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? list here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be norganization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal 10a Did the organization have local chapters, branches, or affiliates? b if "Yes," did the organization have written policies and procedures governing the activities of such and branches to ensure their operations are consistent with the organization's exempt purposes? 10a Did the organization have a written continue the relation and destruction policy? 1 bid the organizat			Yes	No					
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727 15TH STREET, NW, SUITE 707, WASHINGTON, DC 2	20005								

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Form **990** (2016)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more box, unless person officer and a director				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations	
1) BERIT ENGE	20.00	x		х				0.	0.	0	
HAIR 2) KJELL BERGH	2.00	^		_				0.	0.	0	
REASURER	2.00	X		х				0.	0.	0	
3) ARVINN GADGIL	1.00							•			
OARD MEMBER		х						0.	0.	C	
4) JENNIFER LEANING	1.00										
OARD MEMBER		Х						0.	0.	(
5) KY LUU	1.00										
OARD MEMBER		Х						0.	0.	(
6) JOEL CHARNY	40.00			х				117,744.	0.	26,420	
IRECTOR								,,,			
		_									

Form **990** (2016)

Part VII Section A. Officers, Directors, 1	rustees, Key Em	ploye	ees,	and	iH b	ghe	st C	compensated Employe	es (continued)				
(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average hours per week (list any	Position (do not check more than one box, unless person is both ar officer and a director/trustee)					h an	Reportable compensation from	Reportable compensation from related	l	am	timate nount other	of
	hours for related organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr orga	pensa om the anizati d relate	e ion
	below line)	Individua	Institutio	Officer	Key employee	Highest c employee	Former				orga	nizatio	ons ——
		$\frac{1}{1}$											
		\Box											
								117,744.			2	<u> </u>	20
1b Sub-total c Total from continuation sheets to Par	t VII, Section A							117,744.		0.		6,4	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including b	ut not limited to th							·	,000 of reportab			0,4	<u>40.</u> 1
compensation from the organization	<u> </u>											Yes	No
3 Did the organization list any former offi line 1a? <i>If</i> "Yes," <i>complete Schedule J f</i>	or such individual			, 	· 						3		Х
For any individual listed on line 1a, is the and related organizations greater than \$	\$150,000? If "Yes,	" con	nple	ete S	Sche	edule	e J f	for such individual			4		Х
5 Did any person listed on line 1a receive rendered to the organization? If "Yes," (•				•			ed organization or indiv			5		Х
Section B. Independent Contractors 1 Complete this table for your five highes										npens	ation f	rom	
the organization. Report compensation (A)	for the calendar y	ear e	ndir	ng w	/ith	or w	ithir	n the organization's tax (B)	year.		(C	;)	
Name and busin	ess address	NO	NE	<u> </u>				Description of s	ervices		Comper	nsatio	1
							1						
Total number of independent contractor \$100,000 of compensation from the org		not lim	nited	d to	tho:	se lis	sted	d above) who received m	nore than				
											Form	990 (2016

632008 11-11-16

Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			· ·	,	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function revenue	business revenue	sections 512 - 514
gg	4 -	. Fadaustad asuspaisus	la _a l			Toveride	10101100	312 - 314
art		Federated campaigns						
اع ق		Membership dues						
Αţ		Fundraising events						
를	d	Related organizations	1d					
ns,		Government grants (contributi	· · —					
를 다	f	All other contributions, gifts, grant	ts, and					
혈美		similar amounts not included abov	/e 1f	488,600.				
da	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f			488,600.			
				Business Code				
يو ا	2 a	•						
ĕ _ [b							
Ser	c							
ΕĒ	d							
gra Re								
Program Service Revenue	e							
_		All other program service reve						
\rightarrow		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundraising						
nue	-	including \$						
) Ne		contributions reported on line						
Other Reven		Part IV, line 18	,					
þer	h							
δ		Less: direct expenses						
		Net income or (loss) from fund		P				
	9 a	Gross income from gaming ac						
		Part IV, line 19						
		Less: direct expenses						
		: Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales	s of inventory					
		Miscellaneous Revenue	е	Business Code				
	11 a	1						
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			488,600.	0.	0.	0.

47-5342860 Page 10 NORWEGIAN REFUGEE COUNCIL USA 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 (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 144,164. 103,828. 40,336. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 139,007. 100,113. 38,894. Other salaries and wages 7 Pension plan accruals and contributions (include 3,935 2,834. 1,101 section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 6,916. 6,916. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 14,623. 10,339 4,284 column (A) amount, list line 11g expenses on Sch O.) 399. 190. 589. Advertising and promotion 12 10,613. 2,804. 7,809. Office expenses 13 14 Information technology Royalties 15 37,110. 1,850. 35,260. 16 Occupancy 15,001. 14,884. 117. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 12,654. 11,427. 1,227. Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 3,163. 3,163. 23 Other expenses. Itemize expenses not covered 24 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.) 11,203 11,140.

Form **990** (2016)

0.

25

2,775.

402,067.

314.

FURNITURE AND EQUIPMENT

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

MEMBERSHIP FEES

d ALLOCATION OF G&A

MISCELLANEOUS

e All other expenses

63.

2,250.

-97**,411**

55,436.

160.

525.

154.

97,411.

346,631.

Form 990 (2016) Part X | Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	85,122.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	2,500.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ω		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	6,416.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	***	14	
	15	Other assets. See Part IV, line 11		15	7,711.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	^	16	101,749.
	17	Accounts payable and accrued expenses		17	15,216.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and former officers, directors, trustees,			
iţi		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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		25	
	26	Total liabilities. Add lines 17 through 25		26	15,216.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S		complete lines 27 through 29, and lines 33 and 34.			
ŭ	27	Unrestricted net assets		27	86,533.
ala	28	Temporarily restricted net assets		28	
P E	29	Permanently restricted net assets		29	
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Assi	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances		33	86,533.
	34	Total liabilities and net assets/fund balances		34	101,749.

Form **990** (2016)

10

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

consolidated basis, or both: X Separate basis

orm	n 990 (2016) NORWEGIAN REFUGEE COUNCIL USA	47-53	342860	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8,6			
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0			
3	Revenue less expenses. Subtract line 2 from line 1	3	8	6,5			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	8	33.			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedu	le O.	-				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separ						
	consolidated basis, or both:						

Form 990 (2016)

Х

Х

2c

Both consolidated and separate basis

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NORWEGIAN REFUGEE COUNCIL USA

Employer identification number 47-5342860

Pa	rt I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) S	ee instructions.				
he.	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ).)					
3		A hospital or a cooperative					ii).				
4		A medical research organiz						the hospital's name,			
		city, and state:	•					•			
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a q	overnmental unit describ	ped in			
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
-		section 170(b)(1)(A)(vi). (Complete Part II.)									
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9	一	An agricultural research org				ed in coni	inction with a land-grant	college			
•		or university or a non-land-g				-	-	-			
		university:	jrant conege or agno	altare (see metractions).	. Lintor tino	marrio, oit	y, and state of the coneg	0 01			
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sur	nort from	contributi	one membership fees a	and gross receipts from			
		activities related to its exen									
		income and unrelated busin	•	·				•			
		See section 509(a)(2). (Cor		(less section of reak) if	om busine	sses acqu	ined by the organization	arter June 30, 1973.			
11		An organization organized a	•	ivaly to tost for public so	ofaty Saa	saction 50	10(a)(4)				
12	H	-	· ·	•	•			nurnages of one or			
12		An organization organized a more publicly supported organization	· ·	•	-		· · · · · · · · · · · · · · · · · · ·				
			-					SHECK THE DOX III			
_		lines 12a through 12d that	• •			-	· · · · · ·	, airtin a			
а		Type I. A supporting orga	· ·	•	•	-					
		the supported organization			a majority	or the aire	ctors or trustees of the s	supporting			
		organization. You must c									
b		■ Type II. A supporting organization	•					-			
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported			
		organization(s). You mus									
С							•	ed with,			
		its supported organization		•							
d		☐ Type III non-functionally					• • • •				
		that is not functionally int	· ·	• ,	•		•	iveness			
		requirement (see instructi	•	-							
е		☐ Check this box if the orga					a Type I, Type II, Type III				
_		functionally integrated, or	* *	nally integrated support	ing organi	zation.					
Ť		er the number of supported of	-								
g		ride the following information i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other			
	,	organization	(11) = 114	(described on lines 1-10	(iv) Is the orga in your governi		support (see instructions)	support (see instructions)			
		- · g · · · · · · · · · · · · · ·		above (see instructions))	Yes	No	1				
ota	ıl										

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					488,600.	488,600.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					488,600.	488,600.
5	The portion of total contributions					-	<u>-</u>
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						475,078.
6	Public support. Subtract line 5 from line 4.						13,522.
_	etion B. Total Support						20,0221
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(a) 2012	(6) 2010	(0) 2014	(4) 2010	488,600.	488,600.
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the						
40	business is regularly carried on			+			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						488,600.
	Total support. Add lines 7 through 10		``			10	400,000.
12	'		,			12	
13	First five years. If the Form 990 is for	-			-		▶ X
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage				
				oolumn (f))		14	%
	Public support percentage for 2016 (15	
	Public support percentage from 2015 33 1/3% support test - 2016. If the o						
10a		-					
L	stop here. The organization qualifies						
D	33 1/3% support test - 2015. If the condition have The average action and						
47-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			=		-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						_ _
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	oa, 160, 1/a, or 1/		and see instruction	

Schedule A (Form 990 or 990-EZ) 2016

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

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

Sec	ction A. Public Support	elow, piease con	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	,		, ,	, ,		,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
1	Tax revenues levied for the organ-						
4	•						
	ization's benefit and either paid to or expended on its behalf						
_							
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization	's first second this	d fourth or fifth t	av voar as a soct	ion 501(c)(3) organi	zation
'-		ū			•		· •
Sec	etion C. Computation of Publi						
	Public support percentage for 2016 (li			column (f))		15	9/
						16	9/
	Public support percentage from 2015 ction D. Computation of Inves					10	7
	•					17	0.
	Investment income percentage for 20					 	9
	Investment income percentage from 2					18	17 is not
198	33 1/3% support tests - 2016. If the	-					
_	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2015. If the	· ·			•	•	
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	a box on line 14. 19	a. or 19b. check t	his box and see i	nstructions	▶∟_

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5 1		
5b 5c		
30		
6		
7		
8		
3		
9a		
9b		
00		
9c		
10a		
10b		
m 990 or 9	90-EZ	2016

Pa	rt IV Supporting Organizations (continued)			.go o
	Continued		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
	tion of type i cupper and organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	110
•	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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	tion of Type it oupporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
	tion 5.7th Type in cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(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. <i>Complete line 3</i> below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)_	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
J C UII	on E Distribution Anocations (See motifications)		F16-2010	Amount for 2010
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

47-5342860 NORWEGIAN REFUGEE COUNCIL USA Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 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
• •	is covered by the General Rule or a Special Rule. 1(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, I Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$
but it must answer "No" or	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), a 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 the filing requirements of Schedule B (Form 990, 990-FZ, or 990-PF)

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) (2016)

Name of organization Employer identification number

NORWEGIAN REFUGEE COUNCIL USA 47-5342860

Part I	Contributors (See instructions). Use duplicate copies of Part I if	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

NORWEGIAN REFUGEE COUNCIL USA

47-5342860

Part II	Noncash Property (See instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
Turti		_	
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
23453 10-18-	40	Schedule B (Form	990, 990-EZ, or 990-PF) (201

Name of organization Employer identification number 47-5342860 NORWEGIAN REFUGEE COUNCIL USA Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (<u>a)</u> No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NORWEGIAN REFUGEE COUNCIL USA

Employer identification number 47-5342860

Schedule D (Form 990) 2016

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds				
	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
Pai							
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).					
	Preservation of land for public use (e.g., recreation or e		orically important land area				
	Protection of natural habitat	Preservation of a cert	ified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b							
С	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired						
	listed in the National Register						
3	Number of conservation easements modified, transferred, re						
	year▶						
4	Number of states where property subject to conservation ea	sement is located >					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements in		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year				
	> \$						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for				
	conservation easements.						
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,				
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	nce of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descri	bes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts				
	relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		> \$				
h	Assets included in Form 990, Part X		▶ \$				

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Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tı	easures, d	or Othe	r Simi	lar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following tha	it are a si	gnificant	use of its	collection	ı item	าร
	(check all that apply):										
а	Public exhibition	d		Loan or exc	change progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	the organizati	on's exer	npt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or		-						-	_	_
	to be sold to raise funds rather than to be ma								Yes	<u></u>	<u> No</u>
Pai	t IV Escrow and Custodial Arrang		ete if the	organization	on answered '	"Yes" on	Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par		lian, fan				:	<u> </u>			
ıa	Is the organization an agent, trustee, custodi		•						Yes		□No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a								_ 1es		
b	ii res, explain the arrangement in Fart Alli a	and complete the fo	llowing	lable.				1	Amount		
_	Reginning balance						1c		Amount		
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fo								Yes	\top	No
	If "Yes," explain the arrangement in Part XIII.						•				j
Pai											
	·	(a) Current year		rior year	(c) Two year			years back	(e) Four	years	back
1a	Beginning of year balance	, ,	. ,		' ' '		. ,	-	. ,		
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	ne organi	ization	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		<u> </u>
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	Schedule R?)				3b		<u> </u>
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	1		·	1						
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulat reciation		(d) Book	valu	e
	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colur	nn (B), line	10c.)			. ▶			0.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 NORWEGIAN RE	PRICEE COINC	TT. TICA	17_5	342860 Page 3
Schedule D (Form 990) 2016 NORWEGIAN RE Part VIII Investments - Other Securities.	SPOGEE COONC.	LL ODA	47-3	342000 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form 990, Par	t X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua		year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of valua	ition: Cost or end-of-	year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Cal (b) reveat across Forms COO Part V and (D) line 10.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
	on Form 000 Port IV line	alld Soc Form 000 Dor	+ V lino 15	
Complete if the organization answered "Yes" o	escription	e 110. See Form 990, Par	t X, lifte 15.	(b) Book value
CECUDITU DEDOCITUO	CSCIPTION			7,711
				,,,,,
(2)				
(3) (4)				
(5) (6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		b	7,711.
Part X Other Liabilities.	- ,			•
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 99	0, Part X, line 25.	
1. (a) Description of liability	· ,	(b) Book value	•	
(1) Federal income taxes				
(2)				
(3)				
(4)				

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 X

Schedule D (Form 990) 2016

Part X	Reconciliation of Revenue per Audited Financial State		Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				FF2 04F
	al revenue, gains, and other support per audited financial statements			1	553,215.
	ounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
	unrealized gains (losses) on investments		CA C1E	_	
	nated services and use of facilities		64,615.	<u>'</u>	
	overies of prior year grants			_	
	er (Describe in Part XIII.)				C4 C1F
	I lines 2a through 2d			2e	64,615. 488,600.
	otract line 2e from line 1			3	400,000.
	ounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	estment expenses not included on Form 990, Part VIII, line 7b			_	
	er (Describe in Part XIII.)	•			0.
	I lines 4a and 4b			4c	488,600.
	al revenue. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 12.) II Reconciliation of Expenses per Audited Financial Sta</i>			5	
FaitA			i Expenses per	netuiii	•
4 T-4	Complete if the organization answered "Yes" on Form 990, Part IV, line				466,682.
	al expenses and losses per audited financial statements			1	400,002.
	ounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	64,615.		
	nated services and use of facilities		04,013.	4	
	or year adjustments			-	
	er losses			-	
	er (Describe in Part XIII.)	•		۱	64,615.
	I lines 2a through 2d			2e 3	402,067.
	otract line 2e from line 1			3	402,007.
	ounts included on Form 990, Part IX, line 25, but not on line 1:	امدا			
	estment expenses not included on Form 990, Part VIII, line 7b			-	
	er (Describe in Part XIII.) I lines 4a and 4b	·		4c	0.
	d lines 4a and 4b al expenses. Add lines 3 and 4c. (<i>This must equal Form</i> 990, <i>Part I, line 1</i> 8			5	402,067.
	III Supplemental Information.	· <i>)</i> ······		<u> </u>	10270070
	ne descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an			4; Part X,	line 2; Part XI,
PART	X, LINE 2:				
FOR 1	HE YEAR ENDED DECEMBER 31, 2016, NRC	USA HAS	DOCUMENTEI	ITS	
CONSI	DERATION OF FASB ASC 740-10, INCOME	TAXES, TH	AT PROVIDE	ES GUI	DANCE FOR
REPOF	TING UNCERTAINTY IN INCOME TAXES AND	HAS DETE	RMINED THA	ON TA	MATERIAL
UNCEF	TAIN TAX POSITIONS QUALIFY FOR EITHE	R RECOGNI	TION OR DI	SCLOS	SURE IN
THE E	'INANCIAL STATEMENTS.				

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NORWEGIAN REFUGEE COUNCIL USA

Employer identification number 47-5342860

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

NON-GOVERNMENTAL ORGANIZATIONS. NRC USA IS ALSO A RESOURCE TO

UNIVERSITIES, THINK TANKS, AND THE GENERAL PUBLIC ON REFUGEE ISSUES AND

SEEKS FINANCIAL SUPPORT AND PARTNERSHIPS WITH U.S. BASED INDIVIDUALS,

FOUNDATIONS AND CORPORATIONS.

FORM 990, PART VI, SECTION A, LINE 6:

NORWEGIAN REFUGEE COUNCIL USA HAS TWO CLASSES OF MEMBERSHIP: THE NRC MEMBER AND INDEPENDENT MEMBERS.

(A) NORWEGIAN REFUGEE COUNCIL (INCORPORATED IN OSLO, NORWAY) IS THE NRC

MEMBER. THE NRC MEMBER MAY ACT THROUGH ITS MANAGING DIRECTOR OR THE

MANAGING DIRECTOR'S DESIGNEE.

(B) THE INDEPENDENT MEMBERS ARE THE SAME INDIVIDUALS AS THE INDEPENDENT
DIRECTORS. ANY PERSON WHO ACCEPTS ELECTION AS AN INDEPENDENT DIRECTOR OF
THE CORPORATION PURSUANT TO THESE BYLAWS AUTOMATICALLY, AND WITHOUT ANY
FURTHER ACTION OR WRITING, (A) BECOMES AND REMAINS AN INDEPENDENT MEMBER OF
THE CORPORATION FOR AS LONG AS HE OR SHE REMAINS AN INDEPENDENT DIRECTOR OF
THE CORPORATION, AND (B) CEASES TO BE AN INDEPENDENT MEMBER AT THE TIME HE
OR SHE CEASES TO BE AN INDEPENDENT DIRECTOR OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE NRC MEMBER IS ENTITLED TO APPOINT A MINORITY OF THE ENTIRE BOARD.

HOWEVER, THE INDEPENDENT MEMBERS APPOINT THE MAJORITY OF THE BOARD.

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

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization **Employer identification number** NORWEGIAN REFUGEE COUNCIL USA 47-5342860 FORM 990, PART VI, SECTION B, LINE 11B: THE TAX RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE ORGANIZATION'S DIRECTOR. A COPY OF THE FORM 990 WAS PROVIDED TO MEMBERS OF THE BOARD, BEFORE IT WAS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT ON AN ANNUAL BASIS. IF A BOARD MEMBER OR OFFICER HAS A CONFLICT, HE OR SHE BRINGS IT TO THE ATTENTION OF THE DIRECTOR. THE BOARD OF DIRECTORS REVIEWS THE CONFLICT. THE CONFLICTED PERSON RECUSES HIMSELF OR HERSELF FROM DELIBERATING OR VOTING ON THE MATTER. FORM 990, PART VI, SECTION B, LINE 15: ALL COMPENSATION DETERMINATIONS AND INCREASES ARE SET BY BOARD OF DIRECTORS OF THE NORWEGIAN REFUGEE COUNCIL, AN AFFILIATED ORGANIZATION, AND ARE DOCUMENTED IN THE BOARD MINUTES OF THE MEETING, BASED ON CURRENT SALARY COMPARIBILITY DATA FOR THE NONPROFIT SECTOR. THE LAST REVIEW TOOK PLACE IN DECEMBER 2016. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.