Form	990
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Department of the Treasury Internal Revenue Service

** 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)

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.



A	For th	e 2023 calendar year, or tax year beginning and	l ending		
	Check if applicab	C Name of organization		D Employer identific	ation number
X	Addre	NORWEGIAN REFUGEE COUNCIL USA			
	Name chang	Doing business as		47-534286	50
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final returr	1025 CONNECTICUT AVE. NW	1103	202-494-4	
	termin ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	6,496,427.
	Amer returr Appli	WASHINGTON, DC 20036		H(a) Is this a group re	
	tion pendi	F Name and address of principal officer: BERNICE ROMERO		for subordinates?	
		SAME AS C ABOVE		H(b) Are all subordinates ind	
		empt status: $X = 501(c)(3) = 501(c) ()$ (insert no.) $4947(a)(1)$	or 527	• • • • • • • • • • • • • • • • • • • •	ist. See instructions
	Websi			H(c) Group exemption	n number I State of legal domicile: DC
	orm o art I	f organization: X Corporation Trust Association Other	L Year	of formation: ZUIDIM	State of legal domicile: DC
	1	Briefly describe the organization's mission or most significant activities: SEE	ΡΔΡΤ Τ	II, LINE 1.	
e	'		<u> </u>	<u>,</u>	
& Governance	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	ets
veri	3			3	9
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		9	
ა ა	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			18
itie	6	Total number of volunteers (estimate if necessary)			8
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		8,786,662.	6,496,427.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
se v	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,786,662.	6,496,427.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,716,697.	4,558,687.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,417,574.	1,887,000.
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	E 1	0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 145, 4		377,777.	578,561.
	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,512,048.	7,024,248.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,274,614.	-527,821.
or		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
		Total assets (Part X, line 16)		5,757,475.	5,856,323.
Assets	20			64,467.	691,136.
Net /		Net assets or fund balances. Subtract line 21 from line 20		5,693,008.	5,165,187.
Ē		Signature Block		2,000,000	3,103,107.

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.

	Bassing Romana		10/07/2024
Sign	Signature of officer		Date Date
Here	BERNICE ROMERO, EXECUTIVE	DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	RICHARD J. LOCASTRO, CPA	Rectand Jr. Locastro	10/04/2024 self-employed P00288314
Preparer	Firm's name GELMAN, ROSENBERG	& FREEDMAN	Firm's EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY A	VE SUITE 800N	
	BETHESDA, MD 2081	4-2930	Phone no. 301 – 951 – 9090
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
LHA For	Paperwork Reduction Act Notice, see the separ	rate instructions. 332001 12-21-23	Form 990 (2023)

	990 (2023) NORWEGIAN REFUGEE COUNCIL USA 47-5342860 Page
Par	t III Statement of Program Service Accomplishments
<u> </u>	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?
	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 \$ 2,346,710. including grants of \$ 2,346,710.) (Revenue \$)
14	YOUTH, LIVELIHOOD AND EDUCATION
	THE NORWEGIAN REFUGEE COUNCIL RECEIVED FUND ALLOCATED TO PROGRAMS AND
	CAPACITY BUILDING SUPPORTING YOUTH LIVELIHOODS, CHILDHOOD DEVELOPMENT
	AND ACCELERATED EDUCATION. ALL IN THE CONTEXT OF EDUCATION IN
	EMERGENCIES AND FOR PEOPLE FORCIBLY DISPLACED.
	EMERGENCIES AND FOR FEOFILE FORCIDEI DISFERCED.
4b	(Code:) (Expenses \$1,983,440. including grants of \$1,983,440.) (Revenue \$)
	COUNTRY BASED HUMANITARIAN
	THE NORWEGIAN REFUGEE COUNCIL RECEIVED FUNDS FOR THE DELIVERY OF
	HUMANITARIAN ASSISTANCE AND SUPPORT TO SPECIFIC COUNTRIES. THIS
	ASSISTANCE INCLUDES ACCESS TO WATER, THE PROVISION OF FOOD, LIVELIHOOD,
	AND BASIC RELIEF ITEMS, EDUCATION, LEGAL AID, AND INFORMATION ON ACCESS
	TO SERVICES AND SHELTER. THESE COUNTRY SPECIFIC INTERVENTIONS BY THE
	NORWEGIAN REFUGEE COUNCIL SEEK TO SAVE LIVES, PROMOTE DIGNITY, AND
	SUPPORT ACCESS TO BETTER LIVING CONDITIONS AND LIVELIHOOD OPPORTUNITIES
	FOR REFUGEES AND INTERNALLY DISPLACED PERSONS. FUNDS WERE RECEIVED FROM
	A VARIETY OF FOUNDATIONS AND CORPORATE AND INDIVIDUAL DONORS.
	(Code:) (Expenses \$ 800,290. including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ 800,290. including grants of \$) (Revenue \$) ACCESS NEGOTIATION:
	BUILDING ON A MULTI-YEAR GRANT AWARDED BY USAID, OFFICE OF US FOREIGN
	DISASTER ASSISTANCE (NOW THE BUREAU OF HUMANITARIAN ASSISTANCE)
	STARTING ON OCTOBER 1, 2019, NRC USA TOOK ON PHASE III OF THIS GRANT,
	WHICH FOCUSED ON STRENGTHENING FIELD LEVEL CAPACITY ON HUMANITARIAN
	ACCESS AND NEGOTIATIONS WITH AN EMPHASIS ON SUPPORTING BOTH FIELD
	ACCESS AND NEGOTIATIONS WITH AN EMPHASIS ON SUPPORTING BOTH FIELD
	ACCESS AND NEGOTIATIONS WITH AN EMPHASIS ON SUPPORTING BOTH FIELD WORKERS AND CRITICAL DECISION-MAKERS TO IMPROVE PRESENCE AND PROGRAMMING IN COMPLEX OPERATING ENVIRONMENTS. THE PROJECT INCLUDES
	ACCESS AND NEGOTIATIONS WITH AN EMPHASIS ON SUPPORTING BOTH FIELD WORKERS AND CRITICAL DECISION-MAKERS TO IMPROVE PRESENCE AND PROGRAMMING IN COMPLEX OPERATING ENVIRONMENTS. THE PROJECT INCLUDES THREE COMPONENTS:
	ACCESS AND NEGOTIATIONS WITH AN EMPHASIS ON SUPPORTING BOTH FIELD WORKERS AND CRITICAL DECISION-MAKERS TO IMPROVE PRESENCE AND PROGRAMMING IN COMPLEX OPERATING ENVIRONMENTS. THE PROJECT INCLUDES THREE COMPONENTS: 1) ACCESS TRAINING TO FRONTLINE HUMANITARIANS AND MEMBER-STATE
	ACCESS AND NEGOTIATIONS WITH AN EMPHASIS ON SUPPORTING BOTH FIELD WORKERS AND CRITICAL DECISION-MAKERS TO IMPROVE PRESENCE AND PROGRAMMING IN COMPLEX OPERATING ENVIRONMENTS. THE PROJECT INCLUDES THREE COMPONENTS: 1) ACCESS TRAINING TO FRONTLINE HUMANITARIANS AND MEMBER-STATE REPRESENTATIVES AT CAPITAL AND REGIONAL LEVEL
	ACCESS AND NEGOTIATIONS WITH AN EMPHASIS ON SUPPORTING BOTH FIELD WORKERS AND CRITICAL DECISION-MAKERS TO IMPROVE PRESENCE AND PROGRAMMING IN COMPLEX OPERATING ENVIRONMENTS. THE PROJECT INCLUDES THREE COMPONENTS: 1) ACCESS TRAINING TO FRONTLINE HUMANITARIANS AND MEMBER-STATE REPRESENTATIVES AT CAPITAL AND REGIONAL LEVEL 2) AN ADVANCE E-LEARNING PROGRAM ON HUMANITARIAN ACCESS
4d	ACCESS AND NEGOTIATIONS WITH AN EMPHASIS ON SUPPORTING BOTH FIELD WORKERS AND CRITICAL DECISION-MAKERS TO IMPROVE PRESENCE AND PROGRAMMING IN COMPLEX OPERATING ENVIRONMENTS. THE PROJECT INCLUDES THREE COMPONENTS: 1) ACCESS TRAINING TO FRONTLINE HUMANITARIANS AND MEMBER-STATE REPRESENTATIVES AT CAPITAL AND REGIONAL LEVEL 2) AN ADVANCE E-LEARNING PROGRAM ON HUMANITARIAN ACCESS Other program services (Describe on Schedule O.)
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	ACCESS AND NEGOTIATIONS WITH AN EMPHASIS ON SUPPORTING BOTH FIELD WORKERS AND CRITICAL DECISION-MAKERS TO IMPROVE PRESENCE AND PROGRAMMING IN COMPLEX OPERATING ENVIRONMENTS. THE PROJECT INCLUDES THREE COMPONENTS: 1) ACCESS TRAINING TO FRONTLINE HUMANITARIANS AND MEMBER-STATE REPRESENTATIVES AT CAPITAL AND REGIONAL LEVEL 2) AN ADVANCE E-LEARNING PROGRAM ON HUMANITARIAN ACCESS Other program services (Describe on Schedule O.) (Expenses \$ 995,320. including grants of \$ 228,537.) (Revenue \$) Total program service expenses 6,125,760.
	ACCESS AND NEGOTIATIONS WITH AN EMPHASIS ON SUPPORTING BOTH FIELD WORKERS AND CRITICAL DECISION-MAKERS TO IMPROVE PRESENCE AND PROGRAMMING IN COMPLEX OPERATING ENVIRONMENTS. THE PROJECT INCLUDES THREE COMPONENTS: 1) ACCESS TRAINING TO FRONTLINE HUMANITARIANS AND MEMBER-STATE REPRESENTATIVES AT CAPITAL AND REGIONAL LEVEL 2) AN ADVANCE E-LEARNING PROGRAM ON HUMANITARIAN ACCESS Other program services (Describe on Schedule O.) (Expenses \$ 995,320. including grants of \$ 228,537.) (Revenue \$)

Form 990 (SEE	COUNCIL	USA
Part IV	Ch	ecklist of Required Sched	ules			

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	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	_		v
~	similar amounts as defined in Rev. Proc. 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			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<u> </u>
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
u	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		х
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	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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			
	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. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	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,"			v
	complete Schedule G, Part III	19		<u>x</u> x
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon	0.1		Х
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	990	2023)
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3 2023.04030 NORWEGIAN REFUGEE COUNCIL 24132_1

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I U	Oneckinst of nequired Schedules (continued)			<u> </u>
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	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	0.5		v
	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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	054		x
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	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?			v
~=	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			v
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O Ct V Statements Regarding Other IRS Filings and Tax Compliance	38	22	
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
5	(gambling) winnings to prize winners?	1c	Х	
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4 2023.04030 NORWEGIAN REFUGEE COUNCIL 24132__1

Form	990 (2023) NORWEGIAN REFUGEE COUNCIL USA 47-5342	860	Pa	age 5
Par				
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	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		X
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?N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	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 <u>N/A</u> <u>12b</u>			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-		
а	Is the organization licensed to issue qualified health plans in more than one state? <u>N/A</u> Note: See the instructions for additional information the organization must report on Schedule O.	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
b				
•	organization is licensed to issue qualified health plans			
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
		140		
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		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	1.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
-	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
_	If "Yes," complete Form 6069.			
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NORWEGIAN REFUGEE COUNCIL USA

47-5342860 Page 6

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

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 18 Section 6104 requires an organ for public inspection. Indicate h X Own website A 19 Describe on Schedule O wheth 		<u>^</u>			
for public inspection. Indicate h X Own website A Describe on Schedule O wheth	py of this Form 990 is required to be filed <u>SEE SCHEDULE</u>				<u> </u>
X Own website A 19 Describe on Schedule O wheth	nization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-1 (section 501(c)(3)	s only) a	availat	le
19 Describe on Schedule O wheth	how you made these available. Check all that apply.				
		on Schedule O)			
statements available to the pub	ner (and if so, how) the organization made its governing documents, co	nflict of interest policy, an	d financ	al	
•	blic during the tax year.				
	telephone number of the person who possesses the organization's boo	oks and records			
	BERHART - 202-494-4401 F AVE NW, STE 1103, WASHINGTON, DC	20026			
1025 CONNECTICUT		20036		990	

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title			(C) Position (do not check more than one					(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	box, unless person officer and a direct		rson i	is both	ı an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer D	Key employee	Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) BERNICE ROMERO	40.00									
EXECUTIVE DIRECTOR				Х				181,993.	0.	19,216.
(2) MANREET NEETU KAUR MAHIL	40.00									
GLOBAL PLATFORM COORDINATION LEAD						X		104,227.	0.	30,371.
(3) NINA VANDRAAS EBERHART	40.00									
OPERATIONS AND PUBLIC OUTREACH						X		104,197.	0.	22,908.
(4) AARON ROTH GERSHOWITZ	40.00									
SR. INSTITUTIONAL PARTNERSHIP ADVISO						X		101,250.	0.	21,661.
(5) BERNADETTE MICHAUD	40.00									
GRANT FINANCE ADVISOR						X		101,906.	0.	16,968.
(6) JOCHEN RIEGG	40.00									
GLOBAL LEAD FOR HARD TO REACH/HUMANI						X		117,888.	0.	765.
(7) MIA HAUGEN	3.00									
CHAIRMAN		Х		Х				0.	0.	0.
(8) BRIAN KOMAR	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(9) MARK C STORELLA	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) AMIT PRADHAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) CARLA KOPPELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) GER DUANY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) CAMILLA WASZINK	1.00									
BOARD MEMBER/NRC PNP DIRECTOR		Х						0.	0.	0.
(14) JOHN KLUGE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) JESSY TOLKAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
		-			\vdash					
		1								

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332007 12-21-23

Form 990 (2023) NORWEGIAN	I REFUGE	E	CO	UN	CI	L	US	A	47-53	3428	360	Pa	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploye	ees,	and	Hig	ghes	t Co	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related	box, offic	not ch , unles cer and	is pers d a dir	nore t son is rector	than o s both r/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC/	(E) Reportable compensatio from related organizations (W-2/1099-MIS 1099-NEC)	n s	am com fr	(F) timate nount other pensa om the anizati	of tion e
	organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	` 1099-NEC)			and	d relation	ed
1b Subtotal								711,461.		0.	11:	1,88	39.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								711,461.		0.	11:	1,88	89.
2 Total number of individuals (including but no	ot limited to th	ose	listeo	d ab	ove)) who	o re	ceived more than \$100,	000 of reportable)			8
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	ey e	mplo	oyee	e, or	higł	nest compensated empl	oyee on	[
line 1a? If "Yes," complete Schedule J for su	uch individual										3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i>							late	o organization or individ	iual for services		5		Х
Section B. Independent Contractors		<u>. u n</u>	<i>л</i> 30	<u>en p</u>	/0/30						-		
1 Complete this table for your five highest cor										ensat	ion fro	m	
the organization. Report compensation for t (A) Name and business			ndin DNE		ith o	or wit	hin	<u>the organization's tax ye</u> (B) Description of s		C	(C omper		 1
		110					╡						
							+						
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	to t	hos 0		ed	above) who received mo	ore than			000	

Form **990** (2023)

332008 12-21-23

8 2023.04030 NORWEGIAN REFUGEE COUNCIL 24132__1

		(2023) NORWEGIAN H	REFU	JGEE COUI	NCIL USA		47-5342	860 Page
Par	t VII	Statement of Revenue						_
		Check if Schedule O contains a respo	<u>onse o</u>	r note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 5
s s	1 a	Federated campaigns 1a						
nu		Membership dues 1b						
Å Å	с	Fundraising events 1c						
ar ,		Related organizations 1d						
5 ini		Government grants (contributions) 1e		580,138.				
and Other Similar Amounts		All other contributions, gifts, grants, and similar amounts not included above 1f		916,289.				
nd o	-	Noncash contributions included in lines 1a-1f	\$		6,496,427.			
סכ	n	Total. Add lines 1a-1f		Business Code	0,490,427.			
,	2 a		-					
Revenue	b							
nu.	с							
eve	d							
<u>,</u> ш	е							
	f	All other program service revenue						
_		Total. Add lines 2a-2f						
	3	Investment income (including dividends, i other similar amounts)						
	4	other similar amounts) Income from investment of tax-exempt bo						
	5	Royalties	-					
	Ū	(i) Rea		(ii) Personal				
	6 a	Gross rents 6a		. ,				
	b							
	с	Rental income or (loss) 6c						
	d							
	7 a	Gross amount from sales of (i) Securi	ities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
venue		and sales expenses						
ക		Gain or (loss)						
Other Ro		Net gain or (loss) Gross income from fundraising events (not	····					
Ĩ	0 a	including \$ of						
		contributions reported on line 1c). See						
		Part IV, line 18	8a					
	b	Less: direct expenses						
	с	Net income or (loss) from fundraising eve	nt <u>s</u>					
	9 a	Gross income from gaming activities. See	e					
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming activitie	es					
	10 a	Gross sales of inventory, less returns						
	L.	and allowances Less: cost of goods sold						
		Net income or (loss) from sales of invento						
	0			Business Code				
8	11 a		-					
Due	b							
eve	с							
Revenue	d	All other revenue						
-	е	Total. Add lines 11a-11d				-	-	
	12	Total revenue. See instructions			6,496,427.	0.	0.	C Form 990 (20

332009 12-21-23

NORWEGIAN REFUGEE COUNCIL USA Part IX Statement of Functional Expenses

000	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	4,558,687.	4,558,687.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	0.01 0.00	405 405	F1 40 C	11 555
	trustees, and key employees	201,209.	135,137.	51,406.	14,666.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	1 205 000	000 140	254 501	101 105
7	Other salaries and wages	1,387,899.	932,143.	354,591.	101,165.
8	Pension plan accruals and contributions (include	10 1 00	26 072	10 001	2 0 2 7
	section 401(k) and 403(b) employer contributions)	40,160.	26,972.	10,261. 34,504.	2,927. 9,845.
9	Other employee benefits	135,053.	90,704.	34,504.	9,845. 8,942.
10	Payroll taxes	122,679.	82,394.	31,343.	8,942.
11	Fees for services (nonemployees):				
a	Management				
b		64,248.		64,248.	
	Accounting	04,240.		04,240.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	97,205.	83,962.	13,243.	
12	Advertising and promotion	2,159.	05,502.	1,409.	750.
13	Office expenses	16,066.	7,085.	7,837.	1,144.
13 14	Information technology	10,0000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,
15	Royalties				
16	Occupancy	173,903.	79,972.	93,931.	
17	Travel	117,561.	74,071.	37,595.	5,895.
18	Payments of travel or entertainment expenses			,	.,
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,917.	49,599.	17,214.	104.
20	Interest			, ,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	8,709.		8,709.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FURNITURE AND EQUIPMENT	18,383.	1,326.	17,057.	
b	OTHER EXPENSES	13,410.	3,708.	9,689.	13.
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	7,024,248.	6,125,760.	753,037.	145,451.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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332010 12-21-23

06451004 745960 24132

NORWEGIAN	REFUGEE	COUNCIL	USA
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	n 990 () rt X	2023) NORWEGIAN REFUGEE COUNCIL USA Balance Sheet		47-	5342860 Page 11
		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	1,103,968.	1	3,979,170.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	100.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		_	
	-	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		_	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		. 8	
As	9	Prepaid expenses and deferred charges	17,055.	9	25,177.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	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	4,636,452.	15	1,851,876.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,757,475.	16	5,856,323.
	17	Accounts payable and accrued expenses	1,288.	17	15,568.
	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	
	22	Loans and other payables to any current or former officer, director,			
ties		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	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	63,179.	25	675,568.
	26	Total liabilities. Add lines 17 through 25	64,467.	26	691,136.
		Organizations that follow FASB ASC 958, check here			,
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions		27	
Bala	28	Net assets with donor restrictions	5,693,008.	28	5,165,187.
Ιpc		Organizations that do not follow FASB ASC 958, check here			
Бu		and complete lines 29 through 33.			
p	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	5,693,008.	32	5,165,187.
Z	33	Total liabilities and net assets/fund balances	5,757,475.	33	5,856,323.
			-,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	55	- 000 (asso

	1 990 (2023) NORWEGIAN REFUGEE COUNCIL USA	47-	5342860	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	6,496		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,024		
3	Revenue less expenses. Subtract line 2 from line 1	3	-527	7,82	21.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,693	3,0	08.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,165	5,18	87.
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 on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name o	f the o	rganization
--------	---------	-------------

Nam	e of t	he organization						Employer	identification number		
		NORW	EGIAN REFU	GEE COUNCIL U	JSA				7-5342860		
Par	tl	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	ee instruction	S.			
The c	rgan	ization is not a private found									
1 [A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).				
2 [A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3 [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 [A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in		
		section 170(b)(1)(A)(iv).	Complete Part II.)								
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).				
7	Х	An organization that norma	Ily receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general p	public described in		
,		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe									
9		An agricultural research org	-			-		-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or		
		university:									
10		An organization that norma									
		activities related to its exem									
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	inter June 30, 1975.		
		See section 509(a)(2). (Con		volute test for public es	fatu Caa	nontion EC	O(a)(A)				
11 12		An organization organized a An organization organized a	-	•	•			rn, out tho	nurnana of ana ar		
		more publicly supported or	•		•		-	•			
		lines 12a through 12d that	-								
а		Type I. A supporting orga						-	nivina		
u	L	the supported organization		-	• • • •	-					
		organization. You must c			indjointy c				pporting		
b		Type II. A supporting org	-		tion with its	s sunnorte	d organizatio	n(s) by hay	ina		
		control or management o	-				-		-		
		organization(s). You mus			anne peree			90 110 00.pr			
с		Type III functionally inte	-		in connect	ion with. a	and functional	lv integrate	d with.		
		its supported organization	• • • •					, ,	,		
d] Type III non-functionally		-				ted organiz	ation(s)		
		that is not functionally int						-			
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.				
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III			
		functionally integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g	Prov	vide the following information									
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		
Total											

NORWEGIAN REFUGEE COUNCIL USA

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2177683.	2488831.	2192600.	8786662.	6496427.	22142203.
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	2177683.	2488831.	2192600.	8786662.	6496427.	22142203.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						10830554.
6	Public support. Subtract line 5 from line 4.						11311649.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2177683.	2488831.	2192600.	8786662.	6496427.	22142203.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						22142203.
12		etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th	-				01(c)(3)	
	organization, check this box and stor			-			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	51.09 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	58.85 %
	33 1/3% support test - 2023. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	<u>box on line 13, 16a</u>	a, <u>16b, 17a, or 17b</u>	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A (Form 990) 2023

NORWEGIAN REFUGEE COUNCIL USA 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
-	are not an unrelated trade or bus-						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	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						
~	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	ization,
_	check this box and stop here						
Sec	ction C. Computation of Public	c Support Per	centage				
15	Public support percentage for 2023 (ine 8, column (f), d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	-					ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	<u>a, or 19b, check t</u>	his box and see ins		
33202	23 12-21-23		15	i		Sched	lule A (Form 990) 2023

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NORWEGIAN REFUGEE COUNCIL USA

Yes No

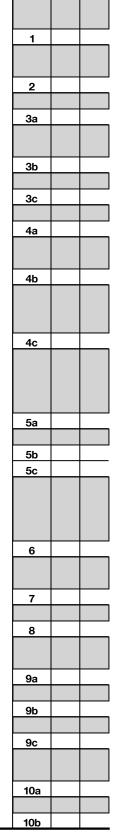
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23



Schedule A (Form 990) 2023

16

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rt IV Supporting Organizations (continued)			
		Yes	No
Has the organization accepted a gift or contribution from any of the following persons?			
A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
A family member of a person described on line 11a above?	11b		
A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
detail in Part VI.	11c		
tion B. Type I Supporting Organizations			
		Yes	No
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated.			
	2		
tion C. Type II Supporting Organizations			
		Yes	No
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or management of the supporting organization was vested in the same persons that controlled or managed			
the supported organization(s).	1		
	It IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Controlled organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's officers, directors, or trustees were allocated among the organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported 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) with 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 (s)? If "No," describe in Part VI ho	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on line 11a above? A family member of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the 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 officers, ot trustees during the tax year. Did the organization operate for the benefit of any supported organization officers, or trustees during the tax year. Did the organization operate do the benefit of any supported organization(s) that operated, supervised, or controlled the supporting organization? Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Query 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 s	Has the organization accepted a gift or contribution from any of the following persons? Yes A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a A family member of a person described on line 11a above? A family member of a person described on line 11a above? A family member of a person described on line 11a or 11b above? 11b A 55% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c detail in Part VI. 11c etail of person body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate of what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate of the benefit of any supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Did the organization operate of the benefit of any supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Did the organization operated, supervised, or contro

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

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).
•		(000 11104 4040110)

The organization satisfied the Activities Test. Complete line 2 below. а

b		The organization	is the parent of	each of its supported	organizations.	Complete line 3 below.
---	--	------------------	------------------	-----------------------	----------------	------------------------

с		The organization supported a	governmental entity.	Describe in Part VI how	vou supported a go	overnmental entity (see instruction <u>s).</u>
---	--	------------------------------	----------------------	-------------------------	--------------------	----------------------	----------------------------

- 2 Activities Test. Answer lines 2a and 2b 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

17

Schedule A	(Form 990)	2023	NORWEGIAN	REFUGEE	COUNCIL	USA	
Part V	Type III	Non-	Functionally Integrate	d 509(a)(3) 9	Supporting O	rganiza	tions

1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E. (A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

332026 12-21-23

e Excess from 2023

Schedule A (Form 990) 2023

Section D - Distributions

NORWEGIAN REFUGEE COUNCIL USA Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Jeci				Ourrent Teal
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose		<u> </u>	
4		es of supported organizations	<u> </u>	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
	Other distributions (<i>describe in</i> Part VI). See instructions.		6	
_7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
	From 2018			
	From 2019			
	From 2020			
	From 2021			
	From 2022			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
<u>i</u>	Carryover from 2018 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
Ŭ	0			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
-	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
_8	Breakdown of line 7:			
<u>a</u>	Excess from 2019			
b	Excess from 2020			
C	Excess from 2021			
d	Excess from 2022			

Schedule A (Form 990) 2023

Current Year

Schedule A	(Form 990) 2023	NORWEGIAN	REFUGEE	COUNCIL	USA	47-5342860 ₽	age 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	nation. Provide th 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	e explanations r , 6, 9a, 9b, 9c, 1 Section E, lines	equired by Part 1a, 11b, and 11 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a or c; Part IV, Section B, lines 1 and 3b; Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part \	
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section	n E, lines 2, 5, ar	nd 6. Also comp	lete this part for any addition	al information.	
332028 12-21-2	3					Schedule A (Form 990) 2023

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Schedule of Contributors

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

2023

Employer identification number

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

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	NORWEGIAN	REFUGEE	COUNCIL	USA	
Organization type \$ da	gka%n				

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General Rule

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Special Rules

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

Schedule B (Form 990) (2023)

NORWEGIAN REFUGEE COUNCIL USA

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Part I	Contributors \$baae opmq pek o%]oa qihe pa kleao kbL np Eeb qeek	holaeo aa a	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		3,100,000.	Person X Payroll Noncash \$ ki Ihapa L rpEbkn k od k pre qpek o%
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		1,767,270.	Person X Payroll Noncash \$ ki hapa L npEbkn k od k pre qpek o%
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		580,138.	Person X Payroll Noncash \$ ki hapa L rpEbkn k od k pre qpek o%
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions []500,000.	Type of contribution Person X Payroll □ Noncash □ \$ ki hapa L np⊞dxn k od k od k pre qpax 0 %
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		200,000.	Person X Payroll Noncash \$ ki hapa L npEbkn k od k pre qpek o %
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u>		150,000.	Person X Payroll Noncash \$ ki Ibapa L np⊞bkn k od k pre qpak o%

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Employer identification number

47-5342860

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Schedule B (Form 990) (2023)

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NORWEG	GIAN REFUGEE COUNCIL USA		47-5342860
Part II	Noncash Property \$baaeoprq pek o%[]oa qihe pa kleaokbL np⊞eb	epek hol aeo aa a	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV(orestimate \$∫aaeopnq pek ໑%	
		0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate \$∫aa e opnq pek o 9	
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate \$]aa eopmq pek ໐9	
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate \$]aa e oproq pek ວ 9	

Schedule B (Form 990) (2023)

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23 2023.04030 NORWEGIAN REFUGEE COUNCIL 24132_1

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Employer identification number

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]da qha]]\$]kri [][]%\$][][]%				L ca 4
i a kbkı	nc ev pek			Employer identifi	cation number
NORWEO	GIAN REFUGEE COUNCIL USA	7		47-53428	360
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in	1 section 501(c)(7), (8), or (10) that total more than \$1	
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III.	charitable, etc., contributions of \$1,000	or less for the year. (En	ns ter this info. once.)	
(a) No.]loa qihe pa kieao.kbL np⊞Eeb epek hol	aeo aa a			
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
<u> </u>					
-		(e) Transfer of	aift		
		(-)	3		
-	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transfer	ee
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
-		(e) Transfer of	lgift		
			-		
-	Transferee's name, address, a	nd ZIP + 4	Relations	hip of transferor to transfer	ee
		[
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	is held
					<u> </u>
		(e) Transfer of	gift		
	Transferee's name, address, a		Polation	hip of transferor to transfer	
			Nelations		<u> </u>
(a) No. from					
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift	lis neid
		(e) Transfer of	gift		
	Transferee's name, address, a	nd 7I P + 4	Belations	hip of transferor to transfer	'ee
		[
323454 12-26	5-23			Schedule E	3 (Form 990) (2023)

24 2023.04030 NORWEGIAN REFUGEE COUNCIL 24132_1

SCHEDULE D)
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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.

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



Department of the Treasury Internal Revenue Service

Name of the organization

NORWEGIAN	REFUGEE	COUNCIL	USA	

Employer identification number 47-5342860

	organization answered "Yes" on Form 990, Part IV, lin		
		(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 advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose o	conferring
	impermissible private benefit?		Yes 🗌 No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (for example, recrea	ation 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 qualit	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it	riodic monitoring, inspection, handling of	Yes No
5 6	violations, and enforcement of the conservation easements it	riodic monitoring, inspection, handling of the the termination of termination	
		riodic monitoring, inspection, handling of the the termination of termination	
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6 7 9 Pa l 1a b	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footre organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical trea the following amounts required to be reported under FASB ASC 95 of art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical trea the following amounts required to be reported under FASB ASC	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing conservat e satisfy the requirements of section 170(h) on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot n 990, Part IV, line 8. 58, not to report in its revenue statement at blic exhibition, education, or research in fu- ncial statements that describes these item 58, to report in its revenue statement and blic exhibition, education, or research in fu- ncial statements that describes these item 58, to report in its revenue statement and b c exhibition, education, or research in furth c exhibition, education, or research in furth c exhibition, education, or research in furth c exhibition, education, or research in furth	iervation easements during the year ition easement easements during the year ition easements during the year ition easement easements during the year ition easements during the year ition easements during the year ition easement ition easement e
6 7 9 Pa l 1a b	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footre organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical treasures	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing conservat e satisfy the requirements of section 170(h) on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot n 990, Part IV, line 8. 58, not to report in its revenue statement at blic exhibition, education, or research in fu- ncial statements that describes these item 58, to report in its revenue statement and blic exhibition, education, or research in fu- ncial statements that describes these item 58, to report in its revenue statement and b c exhibition, education, or research in furth c exhibition, education, or research in furth c exhibition, education, or research in furth c exhibition, education, or research in furth	A constraint of the sear servation easements during the year statement and ents that describes the statement and ents that describes the sear sheet works rtherance of public s. balance sheet works of berance of public service,
6 7 9 Pau 1a b 2 a b	 violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footro organization's accounting for conservation easements. TIII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items. (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures and the following amounts relating to these items. (ii) Assets included in Form 990, Part X 	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing conservat e satisfy the requirements of section 170(h) on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot n 990, Part IV, line 8. 58, not to report in its revenue statement and blic exhibition, education, or research in funcial statements that describes these item 58, to report in its revenue statement and b c exhibition, education, or research in furth c exhibit	icervation easements during the year icion easement easements
6 7 9 Pai 1a b 2 a b	 violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand Does each conservation easement reported on line 2d above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footror organization's accounting for conservation easements. t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for public 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 VIII, line 1 (iii) Assets included on Form 990, Part VIII, line 1 	riodic monitoring, inspection, handling of t holds? handling of violations, and enforcing conservat e satisfy the requirements of section 170(h) on easements in its revenue and expense note to the organization's financial statement f Art, Historical Treasures, or Ot n 990, Part IV, line 8. 58, not to report in its revenue statement and blic exhibition, education, or research in funcial statements that describes these item 58, to report in its revenue statement and b c exhibition, education, or research in furth c exhibit	icervation easements during the year icion easement easements

Sche	dule D (Form 990) 2023 NORWEGI	AN REFUGEE	COU	NCIL U	SA		4	<u>17-53</u>	42860	Pag	e 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or O	Other S	imilar	Assets	continu	ed)	
3	Using the organization's acquisition, accessi	on, and other record	s, checł	k any of the	following that m	iake signi	ificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	c	I 🗌	Loan or exc	change program						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how th	ney further tl	he organization'	s exempt	purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations o	of art, hi	storical trea	sures, or other s	similar as	sets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgai	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements Comple	te if the	organizatio	n answered "Ye	s" on For	m 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa			-							
1a	Is the organization an agent, trustee, custod	ian, or other intermed	diary for	contributio	ns or other asse	ts not inc	luded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
			-						Amount		
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F						,		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	on has been	provided in Par	t XIII					
Par	t V Endowment Funds Complete in	the organization and	swered	"Yes" on Fo	rm 990, Part IV,	line 10.					
		(a) Current year	(b) F	Prior year	(c) Two years I	back (d)	Three y	ears back	(e) Four y	ears ba	ιck
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment	-	%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		ation tha	at are held a	nd administered	for the					
	organization by:	-							Y	′es N	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV	/, line 11a. S	See Form 990, P	art X, line	e 10.				
	Description of property	(a) Cost or c	ther	(b) Cos	t or other	(c) Accu	umulate	d	(d) Book	value	
		basis (investr	nent)	basis	(other)	depre	ciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other										
	. Add lines 1a through 1e. (Column (d) must e		X. line 1	0c. column	(B))					(0.
							5	Schedule	D (Form 9	990) 20	023

332052 09-28-23

Part VII Investments - Other Securities			
		11h Cas Farme 000 Dart V line 10	
Complete if the organization answered "Yes" ((a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost of	r end of vear market value
(1) Financial derivatives	(b) DOOR Value	(c) Method of Valuation. Cost of	i enu-or-year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	or end-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSITS (2) DUE FROM NRC OSLO			<u> </u>
			640,225.
			040,223.
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	. (B))		1,851,876.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	e 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			675,568.
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(7)			675,568.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

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Sche	edule D (Form 990) 2023 NORWEGIAN REFUGEE COUNCIL	USA		47-	5342860	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Re			
-	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	6,520,	081.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b			23,654.			
с						
d						
е	Add lines 2a through 2d			2e	23,	654.
3	Subtract line 2e from line 1			3	6,496,	427.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		0.
-	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,496,	427.
5	Total revenue. Add lines 3 and 46. (This must equal Form 990, Part I, line 12.)				0/100	44/0
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per		n	
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ents With	Expenses per	Returi	n	
	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per		n 7,047,	
Pa	Tt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	Expenses per	Retur	n	
Pa 1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements	a.	Expenses per	Retur	n	
Pa 1 2	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2a	Expenses per	Retur	n	
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a2	Expenses per	Retur	n	
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a2b2c2	Expenses per	Retur	n 7,047,	902.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	Expenses per 1	Retur	n 7,047, 23,	902.
Pa 1 2 b c d	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 123 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per 1		n 7,047,	902.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per 1	1 2e	n 7,047, 23,	902.
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per 1	1 2e	n 7,047, 23,	902.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per 1	1 2e	n 7,047, 23,	902.
Pa 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	Expenses per 1	1 2e 3 4c	n 7,047, 23, 7,024,	902. 654. 248. 0.
Pa 1 2 a b c d a b c 3 4 b c 5	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12: Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per 1		n 7,047, 23,	902. 654. 248. 0.

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.

332054 09-28-23

Department of the Treasury Internal Revenue Service	Go to w	ww.irs.aov/Form	1990 for instructions and the latest i	nformation.		n to Public ection
Name of the organization					Employer identi	fication number
NODURATINI DEFINI					47 52420/	- 0
NORWEGIAN REFUG			side the United States. Comple		47-534286	
Part I General Infor Form 990, Part IV		cuvilles Out	side the Onited States. Compl	ete if the organ	ization answered "	Yes" on
		maintain record	ds to substantiate the amount of its gra	ints and other a	assistance.	
-	-		the selection criteria used to award the			Yes 🗌 No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outs	side the
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EUROPE	0	0	GRANTS TO RECIPIENT LOCATED			4,558,687.
LOKOTE	0	0				<u> </u>
				RICA FOR DO		
CENTRAL AMERICA	0	0	PROGRAM SERVICES		DEVELOPMENT	2,124.
EAST ASIA AND THE				TRAVEL BY S THAILAND FO HUMANITARIA	R	
PACIFIC	0	0	PROGRAM SERVICES	NEGOTIATION	S TRAINING	1,249.
				TRAVEL BY S	TAFF FOR	
				VARIOUS SEM	IINARS,	
				TRAINING, A	ND	
EUROPE	0	0	PROGRAM SERVICES	CONFERENCES		43,160.
MIDDLE EAST AND NORTH AFTRICA	0	0		TRAVEL BY S VARIOUS TRA RESEARCH		1,904.
		_		TRAVEL BY S	TAFF FOR	
RUSSIA AND				HUMANITARIA TRAININGS A		
NEIGHBORING STATES	0	0	PROGRAM SERVICES	UKRAINE		4,053.
				TRAVEL BY S	TAFF FOR	
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRAININGS I	N COLOMBIA	415.
				TRAVEL BY S HUMANITARIA		
SOUTH ASIA	0		PROGRAM SERVICES	TRAINING		1,883.
3 a Subtotal	0	0				4,613,475.
b Total from continuation sheets to Part I	0	0				23,756.
c Totals (add lines 3a and 3b)	0	0				4,637,231.

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

Open to P

LHA 332071 11-29-23

SCHEDULE F (Form 990)

Schedule F (Form 990) Part I Continuation	NORWEGIA on of Activitie	N REFUGE s per Region	E COUNCIL USA • (Schedule F (Form 990), Part I, line 3	<u>47-534286</u>	0 Page
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditure for region
				TRAVEL BY STAFF FOR VARIOUS TRAININGS,	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH, AND MEETINGS	20,22
IIDDLE EAST AND				TRAVEL BY STAFF IN LEBANON FOR WORK ON	
IORTH AFTRICA	0	0	PROGRAM SERVICES	WELLSPRING GRANT	1,03
				TRAVEL BY STAFF TO COLUMBIA, CARACAS, PANAMA FOR WORK ON	
SOUTH AMERICA	0	0	PROGRAM SERVICES	WELLSPRING GRANT	1,08
				TRAVEL BY STAFF TO KIGALI, CAMEROON FOR	
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	WORK ON WELLSPRING GRANT	1,417
lotals					23,75

332181 04-01-23

Page 2		f FMV, er)						0	2023
Ğ	any	(i) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2023
	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any seded.	(h) Description of noncash assistance						to 400	OCITEUL
42860	"Yes" on Form 9	(g) Amount of noncash assistance							
47-5342860	ganization answered	(f) Manner of cash disbursement	COMBINATION OF CASH, WIRE, CHECK				ecognized as a tax ivalency letter		
	omplete if the orç ded.	(e) Amount of cash grant	4558687.0				oreign country, re ion 501(c)(3) equi		r
COUNCIL USA	• the United States. additional space is ne	(d) Purpose of grant	FUNDS FOR HUMANITARIAN ASSISTANCE TO REFUGEES AND				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter		
REFUGEE	Grants and Other Assistance to Organizations or Entities Outside recipient who received more than \$5,000. Part II can be duplicated if	(c) Region					s listed above that are re r for which the grantee o	r entities	
NORWEGIAN	r Assistance to Org ; eived more than \$5,0	(b) IRS code section and EIN (if applicable)					ecipient organization	other organizations or	11 BC&C BBD
Schedule F (Form 990) 2023	Part II Grants and Othe recipient who rec	1 (a) Name of organization					2 Enter total number of i exempt 501(c)(3) organ	3 Enter total number of other organizations or entities	

SEE PART V FOR COLUMN (D) DESCRIPTIONS

332072 11-29-23

31

Page <u>3</u>		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2023
	V, line 16.	(g) Description of noncash assistance					Sched
47-5342860	n Form 990, Part I	(f) Amount of noncash assistance					
47	Complete if the organization answered "Yes" on Form 990, Part IV, line 16.	(e) Manner of cash disbursement					
ICIL USA		(d) Amount of cash grant					
JGEE COUN	the United Stat	(c) Number of recipients					
NORWEGIAN REFUGEE COUNCIL USA	e to Individuals Outside Iditional space is needed	(b) Region					
Schedule F (Form 990) 2023 N	Part III Grants and Other Assistance to Individuals Outside the United States. Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

332073 11-29-23

Schedule F	(Form 990) 2023	NORWEGIAN	REFUGEE	COUNCIL	USA
Part IV	Foreign Form	S			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

NORWEGIAN REFUGEE COUNCIL USA Schedule F (Form 990) 2023 Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

FUNDS EARMARKED BY DONORS FOR SPECIFIC COUNTRY OR THEMATIC PROGRAMS ARE

RESTRICTED IN USE ACCORDING TO THE DONOR DESIGNATION. THESE FUND PROGRAMS

THAT ARE IMPLEMENTED AND MONITORED BY NRC'S TEAM AT COUNTRY-LEVEL AND/OR

THEMATIC STAFF. UPDATES AND REPORTS ARE PROVIDED TO NRC USA AS REQUESTED

AND REQUIRED TO FULFILL THE NEEDS OF DONORS.

PART II, COLUMN (D):

REGION: EUROPE

(D) PURPOSE OF GRANT: FUNDS FOR HUMANITARIAN ASSISTANCE TO REFUGEES AND

INTERNALLY DISPLACE

06451004 745960 24132

(Form 990) For certain Officers, Detectors, Trustees, Key Employees, and Highest Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Os to www.ks.gov/Form990 for instructions and the latest information. NORWEGIAN REFUGEE COUNCIL USA The organization NORWEGIAN REFUGEE COUNCIL USA The organization reported any of the following to or for a person listed on Form 990. Part VII, Section A, line 1a. Complete Part III to provide any of the following to or for a person listed on Form 990. Part VII, Section A, line 1a. Complete Part III to provide any of the following to or for a personal residence Tawal for comparison Tawal for comparison Partice of the expansion Personal services (such as maid, chaufteur, cheft b farey of the boxes on line 1a are checked, did the organization follow a writhen policy regarding payment or reinbursoment or provision of all of the expanses described above? II "No': complete Part III to explain Discretionary spending account Personal services (such as maid, chaufteur, cheft b farey of the boxes on line 1a are checked, did the organization texted or all directors, trustees, and oftens, nucluing the CEO/Seccutive Director, regarding the stens checked on line 1a? Indicate which, if any, of the following the organization for the explain or association committee Compensation committee Duing the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling	SCHEDULE J	Compensation Information		OMB No. 1	545-004	47
Description of the Team y interval frequencies bottom Complete if the organization as to www.trs.aov/Errom990 for instructions and the latest information. Open to Public Inspection Name of the organization Employer identification numbers NORWEGIAN REPUGEE COUNCIL USA Employer identification numbers 477–53.4.28.6.0 Part IV, Section R, line 1a. Complete Part III to provide any relevant information regarding these items. First Class or charter travel Ves No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Ves No Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Payments for busines use of personal residence for personal residence for personal use Payments for busines use of personal residence D if any of the boxes on line 1a are checked, did the organization tollow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain 1b 2 2 Did the organization requires ubstantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain hera till. 2 2 3 Indicate which, if any, of the following the organization requefied organization to estabilish compensation of the C	(Form 990)			20	22	2
Department Attach to Form 990. Department Department <t< td=""><td></td><td>Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23</td><td></td><td><u> </u></td><td><u>Z</u>J</td><td>)</td></t<>		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23		<u> </u>	<u>Z</u> J)
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b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5b X if "Yes" on line 6a or 6b, describe in Part III. 6a X 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 8 X 9 If "Yes" on line 6a, of 6b, describe in Part III. 7 X 7 Set or set	-	-		4a		X
c Participate in or receive payment from an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Doly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. Image: Comparization 2000 (Comparization 2000) Image: Comparis 2000 (Comparization 2000) Image: Compa						Х
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? ff "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:						Х
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	If "Yes" to any of I	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5b X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 7 X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						
contingent on the revenues of: 5a a The organization? 5a b Any related organization? 5b if "Yes" on line 5a or 5b, describe in Part III. 5b 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? 6a b Any related organization? 6b b Any related organization? 6b b Any related organization? 6b if "Yes" on line 6a or 6b, describe in Part III. 6b 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	-					
a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	5 For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
b Any related organization? 5b X If "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9	-					
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						<u> </u>
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9				5b		X
contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-		n			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	-	-		0		v
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?						<u> </u>
 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 				00		
not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9						
 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 				7		x
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				8		x
Regulations section 53.4958-6(c)?						
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					n 990)	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023 NORWEGIAN	Б	AN REFUGEE	COUNCIL USA	A.	47-5342860	860		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.	nplo	yees, and Highest C	compensated Emplo	oyees. Use duplicat	e copies if additional s	pace is needed.		
For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII.	be rel	ported on Schedule J 990, Part VII.	, report compensatio	on from the organize	ttion on row (i) and fron	n related organization	s, described in the instr	uctions, on row (ii).
Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ju inc	dividual must equal th	ie total amount of Fc	ırm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (I	E) amounts for that indiv	vidual.
		(B) Breakdown of W-2 and corr	-2 and/or 1099-MISC compensation	/or 1099-MISC and/or 1099-NEC pensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BERNICE ROMERO	Ξ	181,993.	.0	0.	7,356.	11,860.	201,209.	0.
EXECUTIVE DIRECTOR) (ii)	.0	.0	0.	•0	.0	0.	0.
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332112 11-06-23

Schedule J (Form 990) 2023 NORWEGIAN REFUGEE COUNCIL USA	47-5342860 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	s part for any additional information.
	Schedule J (Form 990) 2023

332113 11-06-23

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

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



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, CORPORATIONS, AS WELL AS THE U.S. GOVERNMENT.

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

3) EVIDENCE GATHERING AND INFORMATION SHARING THROUGH FIELD RESEARCH ON

BEST PRACTICE AND KEY OPERATIONAL ISSUES, SUCH AS THE COST OF OPERATING

IN HARD-TO-REACH AREAS AND RESPONDING IN COUNTRIES WITH ASSERTIVE

GOVERNMENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ADVOCACY

EXPENSES \$ 162,771. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PROGRAM SUPPORT AND COMPLIANCE

EXPENSES \$ 358,366. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HUMANITARIAN ACCESS IN HARD TO REACH AREAS

EXPENSES \$ 3,003. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TECHNOLOGY AND INNOVATION

EXPENSES \$ 206,073. INCLUDING GRANTS OF \$ 206,073. REVENUE \$ 0.

OTHER PROJECTS

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

Name of the organization

NORWEGIAN REFUGEE COUNCIL USA

Employer identification number 47 - 5342860

EXPENSES \$ 242,643. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

COVID-19 RELIEF

EXPENSES \$ 22,464. INCLUDING GRANTS OF \$ 22,464. REVENUE \$ 0.

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.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON

39

BEHALF OF THE GOVERNING BODY.

332212 11-14-23

Schedule O (Form 990) 2023

NORWEGIAN REFUGEE COUNCIL USA

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

THE TAX RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE

ORGANIZATION'S HEAD OF OPERATIONS AND PUBLIC OUTREACH AND THE EXECUTIVE

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 EXECUTIVE 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 THE NORWEGIAN REFUGEE COUNCIL, AN AFFILIATED ORGANIZATION. THE PAY STRUCTURE IS BASED ON CURRENT SALARY COMPARIBILITY DATA FOR THE NONPROFIT SECTOR. THE LAST REVIEW, FINALIZATION, AND IMPLEMENTATION TOOK PLACE IN AUGUST 2023. SALARY UPDATES FOR NRC USA EXECUTIVE DIRECTOR AND STAFF ARE PRESENTED TO THE NRC USA BOARD OF DIRECTORS DURING BOARD MEETINGS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AR,CA,FL,GA,IL,KS,KY,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,OR,PA,RI,SC,TN,UT,VA

40

WV,WI,HI

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

332212 11-14-23

Schedule O (Form 990) 2023

Name of the organization NORWEGIAN REFUGEE COUNCIL USA THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE POSTED ONLINE VIA WWW.NRCUSA.ORG	Schedule O (Form 990) 2023		Page 2
THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE FUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE POSTED ONLINE VIA WWW.NRCUSA.ORG	Name of the organization	Employer identification	number
AVAILABLE TO THE FUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE POSTED ONLINE VIA WWW.NRCUSA.ORG	NORWEGIAN REFOGEE COUNCIL USA	47-5542800	
	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, AND GOVERN	ING DOCUMENTS	ARE
	AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS	ARE POSTED	
	ONLINE VIA WWW.NRCUSA.ORG		
332212 11-14-23 Schedule O (Form 990) 2023	332212 11-14-23	Schedule O (Form S	990) 2023

NRC USA final form 990 PD

Final Audit Report

2024-10-07

Created: By:	2024-10-04 Starr Guy (starr.guy@nrc.no)
Status:	Signed
Transaction ID:	CBJCHBCAABAAGItLoZMwODt62JB3_hos5TckLFtlgWvd

"NRC USA final form 990 PD" History

- Document created by Starr Guy (starr.guy@nrc.no) 2024-10-04 - 3:45:08 PM GMT
- Document emailed to Bernice Romero (bernice.romero@nrc.no) for signature 2024-10-04 - 3:45:21 PM GMT
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- Document e-signed by Bernice Romero (bernice.romero@nrc.no) Signature Date: 2024-10-07 - 4:24:39 PM GMT - Time Source: server

Agreement completed. 2024-10-07 - 4:24:39 PM GMT