

Return of Organization Exempt From Income Tax

2018

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning <u>10/1/2018</u> and ending <u>9/30/2019</u>																
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization <u>INTERNATIONAL RESCUE COMMITTEE, INC</u></td> <td>D Employer identification number <u>13-5660870</u></td> </tr> <tr> <td colspan="2">Doing business as</td> <td>E Telephone number <u>212-551-3000</u></td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>122 EAST 42ND STREET</u></td> <td></td> </tr> <tr> <td>City or town <u>New York</u></td> <td>State <u>NY</u></td> <td>ZIP code <u>10168</u></td> </tr> <tr> <td>Foreign country name</td> <td>Foreign province/state/county</td> <td>Foreign postal code</td> </tr> </table>	C Name of organization <u>INTERNATIONAL RESCUE COMMITTEE, INC</u>		D Employer identification number <u>13-5660870</u>	Doing business as		E Telephone number <u>212-551-3000</u>	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>122 EAST 42ND STREET</u>			City or town <u>New York</u>	State <u>NY</u>	ZIP code <u>10168</u>	Foreign country name	Foreign province/state/county	Foreign postal code
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City or town <u>New York</u>	State <u>NY</u>	ZIP code <u>10168</u>														
Foreign country name	Foreign province/state/county	Foreign postal code														
F Name and address of principal officer: <u>DAVID MILIBAND 122 E 42ND STREET, NEW YORK, NY 10168</u>		G Gross receipts \$ <u>812,673,602</u> H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)														
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶														
J Website: ▶ <u>WWW.RESCUE.ORG</u>																
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1933</u> M State of legal domicile: <u>NY</u>														

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The International Rescue Committee responds to the worlds worst humanitarian crises and helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and gain control of their future.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	32
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2,172
	6	Total number of volunteers (estimate if necessary)	6	7,302
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-755
b	Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	711,075,998	764,828,594
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,354,711	10,806,614
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,793,993	6,262,879
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,331,824	3,463,412
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	729,556,526	785,361,499
	14	Benefits paid to or for members (Part IX, column (A), line 4)	257,754,476	265,829,577
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	333,726,729	361,166,059
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>38,835,894</u>	2,924,275	1,042,813
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	135,256,187	147,020,405
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	729,661,667	775,058,854
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-105,141	10,302,645
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	371,224,556	385,105,469
	22	Net assets or fund balances. Subtract line 21 from line 20	148,791,599	160,830,182
			222,432,957	224,275,287

Part II Signature Block

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

Sign Here	Signature of officer <u>Oscar Raposo, CFO</u>	Date <u>July 31, 2020</u>			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>David M Highfill</u>	Preparer's signature <u>David M Highfill</u>	Date <u>7/30/2020</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01517891</u>
	Firm's name ▶ <u>KPMG LLP</u>	Firm's EIN ▶ <u>13-5565207</u>			
	Firm's address ▶ <u>345 Park Avenue, New York, NY 10154</u>	Phone no. <u>212-758-9700</u>			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The International Rescue Committee responds to the world's worst humanitarian crises and helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and gain control of their future.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 290,272,272 including grants of \$ 129,880,213) (Revenue \$ 7,062,059) In Africa, the IRC worked in 20 countries to respond to new and ongoing crises in the region. In East Africa, including Ethiopia, Kenya, Somalia, Sudan, South Sudan, Uganda, Yemen, and Zimbabwe, the IRC provided life saving aid in response to conflict and during periods of severe drought, and strengthened health, water, and sanitation systems throughout the region. In North and West Africa, including Cameroon, Central African Republic, Chad, Cote D Ivoire, Liberia, Libya, Mali, Niger, Burkina Faso Nigeria, and Sierra Leone, the IRC strengthened health systems and additionally implemented programs to protect vulnerable populations, particularly women and children. The IRC in the Great Lakes region, in Burundi, the Democratic Republic of the Congo, and Tanzania, worked with local and national partners to help rebuild communities impacted by violence, and put in place rapid response mechanisms to provide life saving support to those in

4b (Code:) (Expenses \$ 131,446,377 including grants of \$ 43,571,929) (Revenue \$) In the Middle East, the IRC worked in Iraq, Jordan, Lebanon, and Syria. Through local partnerships, the IRC delivered aid inside Syria, and additionally supported Syrian refugees in Lebanon and Jordan. The IRC also delivered programs in the Kurdish Region of Iraq and aided Iraqi refugees through the region. The IRC, along with the Sesame Workshop, implemented a large-scale childhood development intervention aimed at improving early reading, math, and social-emotional skills of children. It is the largest early childhood intervention in the history of humanitarian response.

4c (Code:) (Expenses \$ 93,554,871 including grants of \$ 25,601,837) (Revenue \$) Through a network of 25 cities across the country, the IRCs US Programs (USP) Department ensures that refugees and other vulnerable immigrants have the resources and tools they need to build new lives in America. USP serves 45,000 individuals each year through a diverse portfolio of programs aimed at five core outcomes: Health, Safety, Economic Wellbeing, Education, and Power. Staff and volunteers work together to resettle newly arrived refugees, facilitating food, shelter, and other basic needs during the pivotal first months in the US. To promote self-reliance over the long term, the IRC also offers English language classes, vocational training, and job placement activities, as well as specialized services for asylees, survivors of torture, human trafficking, and other forms of trauma. The IRC provides comprehensive legal services to help refugees and other immigrants become permanent residents and US citizens, and supports a variety of programs designed to help new arrivals feel welcome and integrate into their adopted communities.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 158,187,829 including grants of \$ 66,775,598) (Revenue \$ 7,684,049)

4e Total program service expenses 673,461,349

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

		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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
	1a 477		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		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 2,172		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: See Attached Statement 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year	15	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 32		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official.	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ▶ See Attached Statement
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ GETENET AYANO 212-551-0971 122 EAST 42ND STREET, NEW YORK, NY 10168

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) Clifford S. Asness ----- Director	1.00 ----- 0.00	X					0	0	0
(2) George Biddle ----- Director	1.00 ----- 0.00	X					0	0	0
(3) Florence A. Davis ----- Director	1.00 ----- 0.00	X					0	0	0
(4) Susan Dentzer ----- Director	1.00 ----- 0.00	X					0	0	0
(5) Katherine Farley (Until Feb. 2019) ----- Director	1.00 ----- 0.00	X					0	0	0
(6) Timothy F. Geithner ----- Co-Chair, Board of Directors	1.00 ----- 0.00	X					0	0	0
(7) John Holmes ----- Director	1.00 ----- 0.00	X					0	0	0
(8) Maria Hummer -Tuttle ----- Director	1.00 ----- 0.00	X					0	0	0
(9) Steven Klinsky ----- Director	1.00 ----- 0.00	X					0	0	0
(10) David A. Levine ----- Director	1.00 ----- 0.00	X					0	0	0
(11) John Mack(Until November 2018) ----- Director	1.00 ----- 0.00	X					0	0	0
(12) Francois-Xavier De Mallmann ----- Director	1.00 ----- 0.00	X					0	0	0
(13) Eduardo G. Mestre ----- Director	1.00 ----- 0.00	X					0	0	0
(14) Jillian Muller ----- Director	1.00 ----- 0.00	X					0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Thomas Nides Director	1.00 0.00	X						0	0	0
(16) Michael J. O Neill Director	1.00 0.00	X						0	0	0
(17) Anjali Pant M.D., M.P.H Director	1.00 0.00	X						0	0	0
(18) Dr. Kathleen M. Pike, Ph.D. Director	1.00 0.00	X						0	0	0
(19) Queen Rania Al-Abdullah(Until Feb. 2019) Director	1.00 0.00	X						0	0	0
(20) Omar Saeed Director	1.00 0.00	X						0	0	0
(21) Pamela Saunders-Albin Director	1.00 0.00	X						0	0	0
(22) Gillian Sorensen Director	1.00 0.00	X						0	0	0
(23) Sally Susman Co-Chair, Board of Directors	1.00 0.00	X						0	0	0
(24) Mona K. Sutphen Director	1.00 0.00	X						0	0	0
(25) Tony Tamer Director	1.00 0.00	X						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								4,771,909	0	513,842
d Total (add lines 1b and 1c)								4,771,909	0	513,842

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **253**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AKA ENTERPRISE SOLUTION,IN 875 6th Ave.20th Floor New York, NY 10001	Consulting	3,002,846
KEY ACQUISITION PARTNERS 2525 River Rd. Annapolis, MD 21401	Digital Fundraising Consultar	1,583,208
DELOITTE CONSULTING LLP 30 Rockefeller Plaza 41st Floor New York, NY 10112	Consulting	982,105
KPMG LLP 345 Park Ave. New York, NY 10154	Financial Audit Service	678,081
THE HARRINGTON AGENCY 212 S. Chester Rd. Swarthmore, PA 19081	Consulting	564,658

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **26**

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 1,077,921					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 11,624,198					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 440,191,858					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 311,934,617					
	g	Noncash contributions included in lines 1a-1f: \$ 7,251,816						
	h	Total. Add lines 1a-1f		764,828,594				
	Program Service Revenue				Business Code			
2a		US Agency for International Development	900099	8,452,702	8,452,702	0	0	
b		Department for International Development	900099	2,353,912	2,353,912	0	0	
c		-----		0	0	0	0	
d		-----		0	0	0	0	
e		-----		0	0	0	0	
f		All other program service revenue		0	0	0	0	
g		Total. Add lines 2a-2f		10,806,614				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,619,131	0	-755	3,619,886	
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5	Royalties		0	0	0	0	
	6a	Gross rents	(i) Real	4,230				
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)	4,230	0		
	d	Net rental income or (loss)		4,230	0	0	4,230	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	28,796,843	436,251			
			(ii) Other					
			b	Less: cost or other basis and sales expenses	26,589,346	0		
			c	Gain or (loss)	2,207,497	436,251		
	d	Net gain or (loss)		2,643,748	0	0	2,643,748	
	8a	Gross income from fundraising events (not including \$ 11,624,198 of contributions reported on line 1c). See Part IV, line 18	a	242,445				
			b	Less: direct expenses	722,757			
			c	Net income or (loss) from fundraising events		-480,312	0	-480,312
	9a	Gross income from gaming activities. See Part IV, line 19	a	0				
			b	Less: direct expenses	0			
c			Net income or (loss) from gaming activities		0	0	0	
10a	Gross sales of inventory, less returns and allowances	a	0					
		b	Less: cost of goods sold	0				
		c	Net income or (loss) from sales of inventory		0	0	0	
Miscellaneous Revenue			Business Code					
11a	IOM Loan Collection Fees	900099	1,366,865	1,366,865	0	0		
b	Immigration Processing fees	900099	1,595,415	1,595,415	0	0		
c	Miscellaneous Fees	900099	385,842	385,842	0	0		
d	All other revenue		591,372	591,372	0	0		
e	Total. Add lines 11a-11d		3,939,494					
12	Total revenue. See instructions		785,361,499	14,746,108	-755	5,787,552		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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 domestic governments. See Part IV, line 21	2,878,372	2,878,372		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	22,723,465	22,723,465		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	240,227,740	240,227,740		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	3,321,814	965,234	1,760,297	596,283
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	302,720,247	253,942,395	35,281,098	13,496,754
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,155,158	7,054,628	2,077,327	1,023,203
9	Other employee benefits	36,826,930	30,622,078	4,471,178	1,733,674
10	Payroll taxes	8,141,910	5,564,617	1,738,400	838,893
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	913,855	776,951	125,760	11,144
c	Accounting	1,274,043	529,563	736,755	7,725
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	1,042,813			1,042,813
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	19,147,975	9,244,426	7,171,536	2,732,013
12	Advertising and promotion	13,608,738	671,723	97,308	12,839,707
13	Office expenses	23,212,902	20,138,817	963,233	2,110,852
14	Information technology	9,414,180	5,594,993	2,584,664	1,234,523
15	Royalties	0			
16	Occupancy	23,931,135	22,960,825	694,027	276,283
17	Travel	43,340,537	39,937,036	2,758,477	645,024
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	3,805,050	3,174,761	408,890	221,399
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,583,143	1,373,734	139,826	69,583
23	Insurance	2,302,433	2,163,251	91,101	48,081
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Recruitment	853,908	682,639	136,622	34,647
b	Dues and Registration	357,669	172,956	131,349	53,364
c	Subscriptions	506,005	320,865	146,628	38,512
d		0	0	0	0
e	All other expenses	2,768,832	1,740,280	1,247,135	-218,583
25	Total functional expenses. Add lines 1 through 24e	775,058,854	673,461,349	62,761,611	38,835,894
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	98,802,166	1	100,870,201
	2 Savings and temporary cash investments	60,610,946	2	25,974,207
	3 Pledges and grants receivable, net	61,571,936	3	108,334,317
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	69,155	7	15,487
	8 Inventories for sale or use	8,034,166	8	8,903,569
	9 Prepaid expenses and deferred charges	5,009,473	9	5,502,556
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,785,985		
	b Less: accumulated depreciation	10b 14,277,767	3,671,069	10c 3,508,218
	11 Investments—publicly traded securities	99,706,535	11	87,881,200
	12 Investments—other securities. See Part IV, line 11	30,026,282	12	40,534,981
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	3,722,828	15	3,580,733
16 Total assets. Add lines 1 through 15 (must equal line 34)	371,224,556	16	385,105,469	
Liabilities	17 Accounts payable and accrued expenses	49,764,561	17	65,492,451
	18 Grants payable	84,242,386	18	85,044,224
	19 Deferred revenue	3,888,690	19	745,227
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	331,694	21	507,347
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	10,564,268	25	9,040,933
	26 Total liabilities. Add lines 17 through 25	148,791,599	26	160,830,182
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	93,379,962	27	87,327,998
	28 Temporarily restricted net assets	73,560,461	28	81,454,241
	29 Permanently restricted net assets	55,492,534	29	55,493,048
	Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	222,432,957	33	224,275,287	
34 Total liabilities and net assets/fund balances	371,224,556	34	385,105,469	

Part 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	785,361,499
2	Total expenses (must equal Part IX, column (A), line 25)	2	775,058,854
3	Revenue less expenses. Subtract line 2 from line 1	3	10,302,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	222,432,957
5	Net unrealized gains (losses) on investments	5	-897,318
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7,562,997
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	224,275,287

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Continuation Sheet for Form 990

Name of the Organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Dr. Merryl H. Tisch ----- Director	1.00 0.00	X						0	0	0
(27) E. Eric Tokat ----- Director	1.00 0.00	X						0	0	0
(28) P. Maureen White ----- Director	1.00 0.00	X						0	0	0
(29) Nina Whitman(Until Feb. 2019) ----- Director	1.00 0.00	X						0	0	0
(30) Zeid Ra ad Al Hussein(From Feb. 2019) ----- Director	1.00 0.00	X						0	0	0
(31) Cheryl Cohen Efron (From Feb. 2019) ----- Director	1.00 0.00	X						0	0	0
(32) Becca Heller(From June 2019) ----- Director	1.00 0.00	X						0	0	0
(33) Andrew Klaber(From Feb. 2019) ----- Director	1.00 0.00	X						0	0	0
(34) Joshua L. Steiner(From Feb. 2019) ----- Director	1.00 0.00	X						0	0	0
(35) Leah Joy Zell(From Sep. 2019) ----- Director	1.00 0.00	X						0	0	0
(36) Tracy R. Wolstencroft (until Nov. 2019) ----- Co-Chair, Board of Directors	1.00 0.00	X						0	0	0
(37) David Miliband ----- Dir/CEO/Pres	37.50 0.00	X		X				967,236	0	52,400
(38) Oscar Raposo ----- CFO, SVP Finance, Treasurer	37.50 0.00			X				249,444	0	37,511
(39) Ricardo Castro ----- General Counsel, Secretary	37.50 0.00			X				353,830	0	46,107
(40) Ciaran Donnelly ----- SVP International Programs	37.50 0.00				X			328,412	0	45,983
(41) Jennifer Sime ----- SVP US Programs	37.50 0.00				X			356,318	0	40,791
(42) Amanda Seller ----- Senior Vice President, Revenue	37.50 0.00				X			405,260	0	38,078
(43) Madlin Sadler ----- Senior Vice President, Operations & Strategy	37.50 0.00				X			351,295	0	49,151
(44) Jodi Nelson (until October 2018) ----- Senior Vice President Policy & Practice	37.50 0.00					X		442,695	0	41,472
(45) Madeleine Fackler ----- Chief Information Officer	37.50 0.00					X		341,542	0	52,000
(46) Brian Johnson ----- Chief HR Officer	37.50 0.00					X		333,539	0	51,985

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	682,076,363	730,809,683	710,339,839	711,075,998	764,828,594	3,599,130,477
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	682,076,363	730,809,683	710,339,839	711,075,998	764,828,594	3,599,130,477
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)						
6 Public support. Subtract line 5 from line 4						3,599,130,477

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	682,076,363	730,809,683	710,339,839	711,075,998	764,828,594	3,599,130,477
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,796,887	1,843,426	2,456,256	2,739,422	3,623,361	12,459,352
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,693,295	3,424,133	4,335,003	3,796,154	14,746,108	29,994,693
11 Total support. Add lines 7 through 10						3,641,584,522
12 Gross receipts from related activities, etc. (see instructions)					12	33,696,830
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.83%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.16%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.00%

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

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	0 0
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	0 0
Section 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):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	0 0
e 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	0 0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0 0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0 0
6	Multiply line 5 by .035.	6	0 0
7	Recoveries of prior-year distributions	7	0 0
8	Minimum Asset Amount (add line 7 to line 6)	8	0 0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
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	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	0
10 Line 8 amount divided by line 9 amount	0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013	0		
b From 2014	0		
c From 2015	0		
d From 2016	0		
e From 2017	0		
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2018 distributable amount			0
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2018 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2018 distributable amount			0
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7 Excess distributions carryover to 2019. Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2014	0		
b Excess from 2015	0		
c Excess from 2016	0		
d Excess from 2017	0		
e Excess from 2018	0		

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Office of Foreign Disaster Assistance (OFDA) 1300 Pennsylvania Avenue, NW Washington DC 20523-1000 Foreign State or Province: _____ Foreign Country: _____	\$ 93,951,483	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	European Union Humanitarian Department (ECHO) 200 Rule de la Loi B-1049 1000 Foreign State or Province: Brussels Foreign Country: Belgium	\$ 51,011,358	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Bureau of Population Refugees & Migration (BPRM) 2201 C Street NW Washington DC 20520 Foreign State or Province: _____ Foreign Country: _____	\$ 72,497,488	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Department for International Development (DFID) 1 Palace Street SW 1E-5HE Foreign State or Province: London Foreign Country: United Kingdom	\$ 66,292,271	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	US Agency for International Development (USAID) 1300 Pennsylvania Avenue, NW Washington DC 20523-1000 Foreign State or Province: _____ Foreign Country: _____	\$ 30,051,004	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	UN High Commissioner on Refugees (UNHCR) Case Postale 2500 CH-1211 Foreign State or Province: Geneva Foreign Country: Switzerland	\$ 41,040,875	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Department of Health & Human Services (HHS) 200 Independence Avenue SW Washington DC 20201 Foreign State or Province: _____ Foreign Country: _____	\$ 36,454,379	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Stichting Vluchteling (SV) Laan van Nieuw Oost-Indie 131 _____ 2593 BM Foreign State or Province: Den Haag Foreign Country: Netherlands	\$ 16,548,059	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Swedish International Development Cooperation Agen Valhallavägen 199 _____ SE-105 25 Foreign State or Province: Stockholm Foreign Country: Sweden	\$ 23,556,725	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	United Nations Children's Fund (UNICEF) 3 United Nations Plaza New York NY 10017 Foreign State or Province: _____ Foreign Country: _____	\$ 15,371,005	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
---	--

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	Emergency Program Materials Vehicle ----- ----- -----	\$ 750,892	9/30/2019
6	Fuel and Spare Parts Emergency Program Materials ----- ----- -----	\$ 65,202	9/30/2019
10	Emergency Program Materials ----- ----- -----	\$ 2,679,546	9/30/2019
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----
	----- ----- -----	\$ -----	-----

Name of organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
---	--

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov. Country	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

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

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 0

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount			0	0	0
b Lobbying ceiling amount (150% of line 2a, column(e))					0
c Total lobbying expenditures			0	0	0
d Grassroots nontaxable amount			0	0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					0
f Grassroots lobbying expenditures			0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		180,931
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			180,931
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0

Part IV Supplemental Information

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

Part II-B Line 1g IRC tracks any time spent on lobbying by our Advocacy team in DC and members of HQ

staff that may contact legislators or other officials. Time spent by staff was tracked on the

specific basis of meetings held and the topics of discussion in those meetings.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: INTERNATIONAL RESCUE COMMITTEE, INC. Employer identification number: 13-5660870

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose(s) of easements, total number and acreage, and monitoring requirements. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	115,947,000	112,068,000	106,977,000	103,804,000	112,162,000
b Contributions	0	601,000	59,000	584,000	685,000
c Net investment earnings, gains, and losses	3,253,000	8,278,000	10,030,000	7,545,000	-4,085,000
d Grants or scholarships					
e Other expenditures for facilities and programs	5,056,000	5,000,000	4,998,000	4,956,000	4,958,000
f Administrative expenses					
g End of year balance	114,144,000	115,947,000	112,068,000	106,977,000	103,804,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 44%
 - b** Permanent endowment ▶ 48%
 - c** Temporarily restricted endowment ▶ 8%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	8,707,482	7,364,369	1,343,113
d Equipment	0	3,744,670	3,113,425	631,245
e Other	0	5,333,833	3,799,973	1,533,860

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 3,508,218

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other Limited Partnership	35,209,981	F
(A) Direct Lending Fund	5,325,000	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	40,534,981	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Revolving Loan Program Liability	586,503
(3) Annuity Liability Related to Split Interest Agreement	6,453,208
(4) Deferred rent	2,001,222
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	9,040,933

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	796,481,267
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-897,318
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	11,294,330
e	Add lines 2a through 2d	2e	10,397,012
3	Subtract line 2e from line 1	3	786,084,255
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-722,756
c	Add lines 4a and 4b	4c	-722,756
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	785,361,499

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	785,335,903
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	10,277,049
e	Add lines 2a through 2d	2e	10,277,049
3	Subtract line 2e from line 1	3	775,058,854
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	775,058,854

Part XIII Supplemental Information.

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

Part IV Line 2b Custodial accounts at IRC represent funds held on behalf of refugee participants related to economic empowerment programs (Assets for Financial Independence (AFI) and Individual Development Accounts (IDA)) in compliance with program requirements as stipulated by the donors. Funds will be released as refugees complete the program requirements.

Part V Line 4 IRC board of directors has established a fund to provide for the long-term financial stability of IRC and to enhance its ability to respond to extraordinary emergency needs. The purpose of this fund is to provide a mechanism for the board of directors to set aside and invest certain funds. Accordingly, the board of directors has designated the Leo Cherne Emergency Fund, certain unrestricted bequests, extraordinary gifts (as determined by the board of directors), and portions of unrestricted surpluses in operating funds for this purpose. IRC permanently restricted donor endowment and emergency funds further support the long term financial stability of the organization. Included in

Part XIII Supplemental Information *(continued)*

this category are endowment specific donations and emergency funds that allow IRC to use principal on a temporary basis for emergency response situations and to preposition itself with commonly used emergency response inventory. Principal used by IRC must be subsequently returned to the fund. IRC maintains a spending rate policy on the endowment invested assets. The spending rate policy was designed to preserve the value of the investment portfolio in real terms and to reduce the impact of market fluctuations on operations. The spending rate used for operations is set at 4.5% of the previous three-year rolling fair value average.

Part X Line 2 The Internal Revenue Service has ruled that, pursuant to Section 501(c)(3) of the Internal Revenue Code (the Code), IRC is exempt from federal income taxes and is a publicly supported organization, as defined in Section 509(a)(1) of the Code. As a not for profit organization, IRC is also exempt from state and local income taxes. Accordingly, IRC is not subject to income taxes except to the extent it has taxable income from activities that are not related to its exempt purposes. IRC utilizes a threshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. No provision for income taxes was required for fiscal year 2019 or 2018.

Part XI Line 2d The amount includes subsidiary revenue amounting \$10,014,649 included in audited financial statement and change in value of splitting interest amounting \$171,593

Part XI Line 4b The amount \$ 722,756 represent special event expenses

Part XII Line 2d The amount includes subsidiary expense amounting \$ 12,234,469 included in audited consolidated financial statement and special event expenses amounting \$722,756.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Employer identification number

13-5660870

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Europe (Including Iceland and Greenland)	2	11	Program Services		955,428
(2) Europe (Including Iceland and Greenland)			Grants to recipients		379,156
(3) Central America and the Caribbean	2	72	Program Services		3,511,679
(4) Central America and the Caribbean			Grants to recipients		961,338
(5) Middle East and North Africa	6	2,506	Program Services		93,769,105
(6) Middle East and North Africa			Grants to recipients		45,239,094
(7) Sub-Saharan Africa	18	6,699	Program Services		154,497,402
(8) Sub-Saharan Africa			Grants to recipients		128,213,049
(9) East Asia and the Pacific	3	981	Program Services		19,571,218
(10) East Asia and the Pacific			Grants to recipients		21,178,651
(11) South Asia	2	1,704	Program Services		16,164,952
(12) South Asia			Grants to recipients		28,622,664
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	33	11,973			513,063,736
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	33	11,973			513,063,736

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe (Including Iceland and	Protection	10,346	Bank Transfer			FMV
(2)			Europe (Including Iceland and	Protection	11,361	Bank Transfer			FMV
(3)			Europe (Including Iceland and	Protection	14,419	Bank Transfer			FMV
(4)			Europe (Including Iceland and	Protection	14,617	Bank Transfer			FMV
(5)			Europe (Including Iceland and	Protection	24,854	Bank Transfer			FMV
(6)			Europe (Including Iceland and	Protection	26,869	Bank Transfer			FMV
(7)			Europe (Including Iceland and	Health	89,018	Bank Transfer			FMV
(8)			Europe (Including Iceland and	Protection	121,298	Bank Transfer			FMV
(9)			Sub-Saharan Africa	Water and Sanitation	31,082	Bank Transfer			FMV
(10)			Sub-Saharan Africa	Water and Sanitation	92,874	Bank Transfer			FMV
(11)			Sub-Saharan Africa	Protection	6,338	Bank Transfer			FMV
(12)			Sub-Saharan Africa	Protection	6,902	Bank Transfer			FMV
(13)			Sub-Saharan Africa	Protection	9,760	Bank Transfer			FMV
(14)			Sub-Saharan Africa	Protection	10,313	Bank Transfer			FMV
(15)			Sub-Saharan Africa	Protection	13,753	Bank Transfer			FMV
(16)			Sub-Saharan Africa	Protection	18,809	Bank Transfer			FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 135

3 Enter total number of other organizations or entities ▶ 275

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) CASH ASSISTANCE	East Asia and the Pacific		22,593	Bank Transfer			
(2) HEALTH CARE	East Asia and the Pacific		1,779,071	Bank Transfer			
(3) OTHER ASSISTANCE	East Asia and the Pacific		249,375	Bank Transfer			
(4) PROGRAM SUPPLIES & MATERIAL	East Asia and the Pacific		2,199,706	Bank Transfer	158,270	PROGRAM SUPPLIES & MATERIAL	FMV
(5) SERVICE CONTRACTS	East Asia and the Pacific		17,458	Bank Transfer			
(6) EDUCATION MATERIALS	East Asia and the Pacific		406,880	Bank Transfer			
(7) PROGRAM SUPPLIES & MATERIAL	Europe (Including Iceland and Greenland)		13,877	Bank Transfer			
(8) SERVICE CONTRACTS	Europe (Including Iceland and Greenland)		454	Bank Transfer			
(9) EDUCATION MATERIALS	Europe (Including Iceland and Greenland)		25,632	Bank Transfer			
(10) CASH ASSISTANCE	Middle East and North Africa		13,213,408	Bank Transfer			
(11) HEALTH CARE	Middle East and North Africa		2,897,276	Bank Transfer			
(12) OTHER ASSISTANCE	Middle East and North Africa		822,859	Bank Transfer			
(13) PROGRAM SUPPLIES & MATERIAL	Middle East and North Africa		14,789,057	Bank Transfer	270,279	PROGRAM SUPPLIES & MATERIAL	FMV
(14) SERVICE CONTRACTS	Middle East and North Africa		35,149	Bank Transfer			
(15) EDUCATION MATERIALS	Middle East and North Africa		352,161	Bank Transfer			
(16) CASH ASSISTANCE	Sub-Saharan Africa		11,131,504	Bank Transfer			
(17) HEALTH CARE	Sub-Saharan Africa		2,671,540	Bank Transfer			
(18) OTHER ASSISTANCE	Sub-Saharan Africa		3,421,110	Bank Transfer			

Part IV Foreign Forms

- 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 Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes 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? *If "Yes," 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 Instructions for Form 8621)* Yes 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 Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

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 1 IRC maintains records of all grants made from the pre-award / due diligence

phase which determines the selection of the subgrantee, the signing of the grant agreement

and throughout the activity with the submission of periodic financial and programmatic

reports as required per the grant agreement.

Part II Line 2 IRC has detailed required procedures for monitoring the use of funds

outside of the US which vary based on the type of award granted, the dollar size of the

award and the organization (US, Local NGO, Community Based Organization (CBO) Local

Government, etc.) the funds have been granted to. All reports are reviewed, on-site

periodic review visits occur routinely and capacity building is performed as required.

Part III Line Column C The International Rescue Committee responds to the worlds worst

humanitarian crises and helps people whose lives and livelihoods are shattered by conflict

and disaster to survive, recover and gain control of their future. In 2019 in more than 40

countries and in 25 U.S. cities, our dedicated teams provide clean water, shelter,

healthcare, education and empowerment support to refugees and displaced people. We

provided schooling and educational opportunities to more than 1.5 million children. IRC

and our partner organizations supported 155,284 households through cash transfers and

223,727 beneficiaries of Livelihood program. Through IRC and our partner organizations

6.9M received primary health care outpatient consultation while 996,905 children received

childhood illness treatment. 2M served with water supply infrastructure and 670,464

households provided access to sanitation facilities. 106,251 children under the age of 5

served through IRC nutrition program while 111,236 above the age of 5 admitted in the

nutrition program. Through IRCs sexual and reproductive health program 137,479 clients

started using modern contraceptive and 173,553 deliveries with the Skilled providers in

the facilities. 6403 new children registered for child protection program during the

fiscal year and 62,580 children received support through IRCs child protection program.

The child protection program reached 217,166 individuals on child protection awareness

raising. 111,547 women and girls received accessing to GBV services, while 295,305

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.

individuals participated in EASE and EMAP or SASA . Through IRC's Protection and rule of

law program 8,995 clients registered for protection while 33,695 received legal

counseling. In IRC's governance program 198,096 individuals participated in awareness

raising while 23,935 received in governance training .

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(17)			Sub-Saharan Africa	Protection	43,681	Bank Transfer			FMV
(18)			Sub-Saharan Africa	Community Development	8,446	Bank Transfer			FMV
(19)			Sub-Saharan Africa	Protection	11,868	Bank Transfer			FMV
(20)			Sub-Saharan Africa	Protection	15,064	Bank Transfer			FMV
(21)			Sub-Saharan Africa	Community Development	17,256	Bank Transfer			FMV
(22)			Sub-Saharan Africa	Community Development	18,042	Bank Transfer			FMV
(23)			Sub-Saharan Africa	Protection	20,292	Bank Transfer			FMV
(24)			Sub-Saharan Africa	Community Development	21,945	Bank Transfer			FMV
(25)			Sub-Saharan Africa	Community Development	23,849	Bank Transfer			FMV
(26)			Sub-Saharan Africa	Community Development	29,728	Bank Transfer			FMV
(27)			Sub-Saharan Africa	Health	59,732	Bank Transfer			FMV
(28)			Sub-Saharan Africa	Health	63,541	Bank Transfer			FMV
(29)			Sub-Saharan Africa	Health	71,727	Bank Transfer			FMV
(30)			Sub-Saharan Africa	Health	84,651	Bank Transfer			FMV
(31)			Sub-Saharan Africa	Health	90,005	Bank Transfer			FMV
(32)			Sub-Saharan Africa	Health	118,414	Bank Transfer			FMV
(33)			Sub-Saharan Africa	Health	120,879	Bank Transfer			FMV
(34)			Sub-Saharan Africa	Health	139,310	Bank Transfer			FMV
(35)			Sub-Saharan Africa	Health	184,753	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(36)			Sub-Saharan Africa	Health	252,871	Bank Transfer			FMV
(37)			Sub-Saharan Africa	Health	315,925	Bank Transfer			FMV
(38)			Sub-Saharan Africa	Health	7,036	Bank Transfer			FMV
(39)			Sub-Saharan Africa	Community Development	7,147	Bank Transfer			FMV
(40)			Sub-Saharan Africa	Water and Sanitation	8,345	Bank Transfer			FMV
(41)			Sub-Saharan Africa	Water and Sanitation	8,929	Bank Transfer			FMV
(42)			Sub-Saharan Africa	Water and Sanitation	11,820	Bank Transfer			FMV
(43)			Sub-Saharan Africa	Community Development	23,924	Bank Transfer			FMV
(44)			Sub-Saharan Africa	Protection	24,064	Bank Transfer			FMV
(45)			Sub-Saharan Africa	Education	27,724	Bank Transfer			FMV
(46)			Sub-Saharan Africa	Community Development	29,260	Bank Transfer			FMV
(47)			Sub-Saharan Africa	Water and Sanitation	29,429	Bank Transfer			FMV
(48)			Sub-Saharan Africa	Education	33,748	Bank Transfer			FMV
(49)			Sub-Saharan Africa	Education	34,354	Bank Transfer			FMV
(50)			Sub-Saharan Africa	Community Development	41,697	Bank Transfer			FMV
(51)			Sub-Saharan Africa	Community Development	43,454	Bank Transfer			FMV
(52)			Sub-Saharan Africa	Water and Sanitation	59,041	Bank Transfer			FMV
(53)			Sub-Saharan Africa	Health	71,790	Bank Transfer			FMV
(54)			Sub-Saharan Africa	Water and Sanitation	80,139	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(55)			Sub-Saharan Africa	Health	80,398	Bank Transfer			FMV
(56)			Sub-Saharan Africa	Community Development	90,953	Bank Transfer			FMV
(57)			Sub-Saharan Africa	Water and Sanitation	121,102	Bank Transfer			FMV
(58)			Sub-Saharan Africa	Water and Sanitation	128,042	Bank Transfer			FMV
(59)			Sub-Saharan Africa	Water and Sanitation	144,934	Bank Transfer			FMV
(60)			Sub-Saharan Africa	Water and Sanitation	146,193	Bank Transfer			FMV
(61)			Sub-Saharan Africa	Community Development	149,183	Bank Transfer			FMV
(62)			Sub-Saharan Africa	Water and Sanitation	149,206	Bank Transfer			FMV
(63)			Sub-Saharan Africa	Health	183,824	Bank Transfer			FMV
(64)			Sub-Saharan Africa	Water and Sanitation	196,519	Bank Transfer			FMV
(65)			Sub-Saharan Africa	Water and Sanitation	202,089	Bank Transfer			FMV
(66)			Sub-Saharan Africa	Community Development	214,605	Bank Transfer			FMV
(67)			Sub-Saharan Africa	Water and Sanitation	253,999	Bank Transfer			FMV
(68)			Sub-Saharan Africa	Water and Sanitation	295,566	Bank Transfer			FMV
(69)			Sub-Saharan Africa	Water and Sanitation	296,642	Bank Transfer			FMV
(70)			Sub-Saharan Africa	Water and Sanitation	296,967	Bank Transfer			FMV
(71)			Sub-Saharan Africa	Water and Sanitation	298,260	Bank Transfer			FMV
(72)			Sub-Saharan Africa	Water and Sanitation	332,956	Bank Transfer			FMV
(73)			Sub-Saharan Africa	Water and Sanitation	340,227	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(74)			Sub-Saharan Africa	Water and Sanitation	341,984	Bank Transfer			FMV
(75)			Sub-Saharan Africa	Water and Sanitation	375,321	Bank Transfer			FMV
(76)			Sub-Saharan Africa	Water and Sanitation	387,332	Bank Transfer			FMV
(77)			Sub-Saharan Africa	Water and Sanitation	427,415	Bank Transfer			FMV
(78)			Sub-Saharan Africa	Water and Sanitation	460,613	Bank Transfer			FMV
(79)			Sub-Saharan Africa	Water and Sanitation	492,918	Bank Transfer			FMV
(80)			Sub-Saharan Africa	Water and Sanitation	505,933	Bank Transfer			FMV
(81)			Sub-Saharan Africa	Water and Sanitation	508,767	Bank Transfer			FMV
(82)			Sub-Saharan Africa	Water and Sanitation	531,874	Bank Transfer			FMV
(83)			Sub-Saharan Africa	Water and Sanitation	549,575	Bank Transfer			FMV
(84)			Sub-Saharan Africa	Community Development	561,368	Bank Transfer			FMV
(85)			Sub-Saharan Africa	Water and Sanitation	709,677	Bank Transfer			FMV
(86)			Sub-Saharan Africa	Health	710,956	Bank Transfer			FMV
(87)			Sub-Saharan Africa	Water and Sanitation	907,075	Bank Transfer			FMV
(88)			Sub-Saharan Africa	Water and Sanitation	1,532,388	Bank Transfer			FMV
(89)			Sub-Saharan Africa	Protection	7,191	Bank Transfer			FMV
(90)			Sub-Saharan Africa	Protection	7,876	Bank Transfer			FMV
(91)			Sub-Saharan Africa	Health	19,422	Bank Transfer			FMV
(92)			Sub-Saharan Africa	Health	26,668	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(93)			Sub-Saharan Africa	Protection	43,433	Bank Transfer			FMV
(94)			Sub-Saharan Africa	Health	220,859	Bank Transfer			FMV
(95)			Sub-Saharan Africa	Protection	5,085	Bank Transfer			FMV
(96)			Sub-Saharan Africa	Health	6,042	Bank Transfer			FMV
(97)			Sub-Saharan Africa	Health	10,954	Bank Transfer			FMV
(98)			Sub-Saharan Africa	Education	11,539	Bank Transfer			FMV
(99)			Sub-Saharan Africa	Education	11,728	Bank Transfer			FMV
(100)			Sub-Saharan Africa	Health	11,980	Bank Transfer			FMV
(101)			Sub-Saharan Africa	Health	12,647	Bank Transfer			FMV
(102)			Sub-Saharan Africa	Distribution	13,150	Bank Transfer			FMV
(103)			Sub-Saharan Africa	Health	14,622	Bank Transfer			FMV
(104)			Sub-Saharan Africa	Protection	22,014	Bank Transfer			FMV
(105)			Sub-Saharan Africa	Health	24,783	Bank Transfer			FMV
(106)			Sub-Saharan Africa	Education	24,990	Bank Transfer			FMV
(107)			Sub-Saharan Africa	Education	27,368	Bank Transfer			FMV
(108)			Sub-Saharan Africa	Protection	27,772	Bank Transfer			FMV
(109)			Sub-Saharan Africa	Education	44,789	Bank Transfer			FMV
(110)			Sub-Saharan Africa	Education	64,443	Bank Transfer			FMV
(111)			Sub-Saharan Africa	Community Development	100,925	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(112)			Sub-Saharan Africa	Education	101,263	Bank Transfer			FMV
(113)			Sub-Saharan Africa	Protection	114,878	Bank Transfer			FMV
(114)			Sub-Saharan Africa	Health	275,863	Bank Transfer			FMV
(115)			Sub-Saharan Africa	Community Development	717,881	Bank Transfer			FMV
(116)			Sub-Saharan Africa	Protection	742,091	Bank Transfer			FMV
(117)			Sub-Saharan Africa	Community Development	1,384,538	Bank Transfer			FMV
(118)			Sub-Saharan Africa	Distribution	2,893,463	Bank Transfer			FMV
(119)			Sub-Saharan Africa	Health	8,191	Bank Transfer			FMV
(120)			Sub-Saharan Africa	Health	111,368	Bank Transfer			FMV
(121)			Sub-Saharan Africa	Health	115,940	Bank Transfer			FMV
(122)			Sub-Saharan Africa	Health	118,735	Bank Transfer			FMV
(123)			Sub-Saharan Africa	Health	142,646	Bank Transfer			FMV
(124)			Sub-Saharan Africa	Health	173,025	Bank Transfer			FMV
(125)			Sub-Saharan Africa	Health	181,648	Bank Transfer			FMV
(126)			Sub-Saharan Africa	Health	512,466	Bank Transfer			FMV
(127)			Sub-Saharan Africa	Health	845,628	Bank Transfer			FMV
(128)			Sub-Saharan Africa	Health	7,115	Bank Transfer			FMV
(129)			Sub-Saharan Africa	Health	27,193	Bank Transfer			FMV
(130)			Sub-Saharan Africa	Water and Sanitation	12,713	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(131)			Sub-Saharan Africa	Water and Sanitation	18,520	Bank Transfer			FMV
(132)			Sub-Saharan Africa	Education	24,484	Bank Transfer			FMV
(133)			Sub-Saharan Africa	Education	42,059	Bank Transfer			FMV
(134)			Sub-Saharan Africa	Education	61,155	Bank Transfer			FMV
(135)			Sub-Saharan Africa	Education	82,507	Bank Transfer			FMV
(136)			Sub-Saharan Africa	Protection	7,199	Bank Transfer			FMV
(137)			Sub-Saharan Africa	Protection	8,209	Bank Transfer			FMV
(138)			Sub-Saharan Africa	Health	13,640	Bank Transfer			FMV
(139)			Sub-Saharan Africa	Protection	26,116	Bank Transfer			FMV
(140)			Sub-Saharan Africa	Protection	52,157	Bank Transfer			FMV
(141)			Sub-Saharan Africa	Health	113,732	Bank Transfer			FMV
(142)			Sub-Saharan Africa	Water and Sanitation	139,803	Bank Transfer			FMV
(143)			Sub-Saharan Africa	Health	158,028	Bank Transfer			FMV
(144)			Sub-Saharan Africa	Health	182,817	Bank Transfer			FMV
(145)			Sub-Saharan Africa	Health	183,201	Bank Transfer			FMV
(146)			Sub-Saharan Africa	Health	372,534	Bank Transfer			FMV
(147)			Sub-Saharan Africa	Health	395,949	Bank Transfer			FMV
(148)			Sub-Saharan Africa	Health	728,770	Bank Transfer			FMV
(149)			Sub-Saharan Africa	Protection	16,425	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(150)			Sub-Saharan Africa	Education	38,208	Bank Transfer			FMV
(151)			Sub-Saharan Africa	Protection	135,017	Bank Transfer			FMV
(152)			Sub-Saharan Africa	Protection	348,493	Bank Transfer			FMV
(153)			Sub-Saharan Africa	Education	391,303	Bank Transfer			FMV
(154)			Sub-Saharan Africa	Protection	564,860	Bank Transfer			FMV
(155)			Sub-Saharan Africa	Protection	568,465	Bank Transfer			FMV
(156)			Sub-Saharan Africa	Protection	679,319	Bank Transfer			FMV
(157)			Sub-Saharan Africa	Education	712,748	Bank Transfer			FMV
(158)			Sub-Saharan Africa	Education	894,032	Bank Transfer			FMV
(159)			Sub-Saharan Africa	Protection	2,065,094	Bank Transfer			FMV
(160)			Sub-Saharan Africa	Protection	10,137	Bank Transfer			FMV
(161)			Sub-Saharan Africa	Health	18,263	Bank Transfer			FMV
(162)			Sub-Saharan Africa	Health	26,431	Bank Transfer			FMV
(163)			Sub-Saharan Africa	Protection	44,719	Bank Transfer			FMV
(164)			Sub-Saharan Africa	Education	70,874	Bank Transfer			FMV
(165)			Sub-Saharan Africa	Protection	72,665	Bank Transfer			FMV
(166)			Sub-Saharan Africa	Protection	81,032	Bank Transfer			FMV
(167)			Sub-Saharan Africa	Education	101,325	Bank Transfer			FMV
(168)			Sub-Saharan Africa	Education	113,365	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(169)			Sub-Saharan Africa	Education	155,023	Bank Transfer			FMV
(170)			Sub-Saharan Africa	Protection	228,695	Bank Transfer			FMV
(171)			Sub-Saharan Africa	Education	276,297	Bank Transfer			FMV
(172)			Sub-Saharan Africa	Health	310,222	Bank Transfer			FMV
(173)			Sub-Saharan Africa	Health	479,283	Bank Transfer			FMV
(174)			Sub-Saharan Africa	Health	510,708	Bank Transfer			FMV
(175)			Sub-Saharan Africa	Health	540,097	Bank Transfer			FMV
(176)			Sub-Saharan Africa	Health	602,765	Bank Transfer			FMV
(177)			Sub-Saharan Africa	Health	932,902	Bank Transfer			FMV
(178)			Sub-Saharan Africa	Protection	10,330	Bank Transfer			FMV
(179)			Sub-Saharan Africa	Protection	19,605	Bank Transfer			FMV
(180)			Sub-Saharan Africa	Protection	20,192	Bank Transfer			FMV
(181)			Sub-Saharan Africa	Protection	26,386	Bank Transfer			FMV
(182)			Sub-Saharan Africa	Protection	31,239	Bank Transfer			FMV
(183)			Sub-Saharan Africa	Protection	53,809	Bank Transfer			FMV
(184)			Sub-Saharan Africa	Protection	68,888	Bank Transfer			FMV
(185)			Sub-Saharan Africa	Protection	77,773	Bank Transfer			FMV
(186)			Sub-Saharan Africa	Health	105,788	Bank Transfer			FMV
(187)			Sub-Saharan Africa	Health	159,750	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(188)			Sub-Saharan Africa	Health	355,965	Bank Transfer			FMV
(189)			Sub-Saharan Africa	Protection	6,784	Bank Transfer			FMV
(190)			Sub-Saharan Africa	Health	7,484	Bank Transfer			FMV
(191)			Sub-Saharan Africa	Health	7,893	Bank Transfer			FMV
(192)			Sub-Saharan Africa	Health	12,599	Bank Transfer			FMV
(193)			Sub-Saharan Africa	Health	14,437	Bank Transfer			FMV
(194)			Sub-Saharan Africa	Health	16,571	Bank Transfer			FMV
(195)			Sub-Saharan Africa	Health	17,330	Bank Transfer			FMV
(196)			Sub-Saharan Africa	Health	20,725	Bank Transfer			FMV
(197)			Sub-Saharan Africa	Health	25,021	Bank Transfer			FMV
(198)			Sub-Saharan Africa	Health	50,732	Bank Transfer			FMV
(199)			Sub-Saharan Africa	Health	54,990	Bank Transfer			FMV
(200)			Sub-Saharan Africa	Health	86,120	Bank Transfer			FMV
(201)			Sub-Saharan Africa	Health	87,727	Bank Transfer			FMV
(202)			Sub-Saharan Africa	Health	100,413	Bank Transfer			FMV
(203)			Sub-Saharan Africa	Health	261,334	Bank Transfer			FMV
(204)			Sub-Saharan Africa	Health	7,146	Bank Transfer			FMV
(205)			Sub-Saharan Africa	Health	9,632	Bank Transfer			FMV
(206)			Sub-Saharan Africa	Protection	19,197	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(207)			Sub-Saharan Africa	Protection	7,910	Bank Transfer			FMV
(208)			Sub-Saharan Africa	Protection	10,235	Bank Transfer			FMV
(209)			Sub-Saharan Africa	Protection	13,415	Bank Transfer			FMV
(210)			Sub-Saharan Africa	Protection	17,483	Bank Transfer			FMV
(211)			Sub-Saharan Africa	Protection	55,689	Bank Transfer			FMV
(212)			Sub-Saharan Africa	Community Development	36,246	Bank Transfer			FMV
(213)			Sub-Saharan Africa	Community Development	44,858	Bank Transfer			FMV
(214)			Sub-Saharan Africa	Community Development	61,525	Bank Transfer			FMV
(215)			Sub-Saharan Africa	Community Development	154,910	Bank Transfer			FMV
(216)			Sub-Saharan Africa	Community Development	270,707	Bank Transfer			FMV
(217)			Sub-Saharan Africa	Community Development	672,304	Bank Transfer			FMV
(218)			East Asia and the Pacific	Protection	6,872	Bank Transfer			FMV
(219)			East Asia and the Pacific	Protection	7,964	Bank Transfer			FMV
(220)			East Asia and the Pacific	Protection	11,387	Bank Transfer			FMV
(221)			East Asia and the Pacific	Protection	11,828	Bank Transfer			FMV
(222)			East Asia and the Pacific	Health	11,979	Bank Transfer			FMV
(223)			East Asia and the Pacific	Health	13,546	Bank Transfer			FMV
(224)			East Asia and the Pacific	Health	16,291	Bank Transfer			FMV
(225)			East Asia and the Pacific	Protection	18,714	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(226)			East Asia and the Pacific	Health	19,873	Bank Transfer			FMV
(227)			East Asia and the Pacific	Protection	19,953	Bank Transfer			FMV
(228)			East Asia and the Pacific	Health	20,935	Bank Transfer			FMV
(229)			East Asia and the Pacific	Health	22,241	Bank Transfer			FMV
(230)			East Asia and the Pacific	Health	25,484	Bank Transfer			FMV
(231)			East Asia and the Pacific	Protection	31,505	Bank Transfer			FMV
(232)			East Asia and the Pacific	Health	33,643	Bank Transfer			FMV
(233)			East Asia and the Pacific	Health	36,776	Bank Transfer			FMV
(234)			East Asia and the Pacific	Protection	38,818	Bank Transfer			FMV
(235)			East Asia and the Pacific	Health	46,120	Bank Transfer			FMV
(236)			East Asia and the Pacific	Health	47,765	Bank Transfer			FMV
(237)			East Asia and the Pacific	Health	87,596	Bank Transfer			FMV
(238)			East Asia and the Pacific	Health	87,752	Bank Transfer			FMV
(239)			East Asia and the Pacific	Health	92,259	Bank Transfer			FMV
(240)			East Asia and the Pacific	Health	110,368	Bank Transfer			FMV
(241)			East Asia and the Pacific	Health	148,268	Bank Transfer			FMV
(242)			East Asia and the Pacific	Community Development	153,261	Bank Transfer			FMV
(243)			East Asia and the Pacific	Community Development	237,323	Bank Transfer			FMV
(244)			East Asia and the Pacific	Community Development	249,743	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(245)			East Asia and the Pacific	Community Development	250,556	Bank Transfer			FMV
(246)			East Asia and the Pacific	Health	293,129	Bank Transfer			FMV
(247)			East Asia and the Pacific	Health	359,882	Bank Transfer			FMV
(248)			East Asia and the Pacific	Health	476,725	Bank Transfer			FMV
(249)			East Asia and the Pacific	Health	507,661	Bank Transfer			FMV
(250)			East Asia and the Pacific	Community Development	207,128	Bank Transfer			FMV
(251)			South Asia	Water and Sanitation	11,577	Bank Transfer			FMV
(252)			South Asia	Water and Sanitation	12,656	Bank Transfer			FMV
(253)			South Asia	Community Development	14,865	Bank Transfer			FMV
(254)			South Asia	Protection	22,130	Bank Transfer			FMV
(255)			South Asia	Protection	43,060	Bank Transfer			FMV
(256)			South Asia	Water and Sanitation	50,146	Bank Transfer			FMV
(257)			South Asia	Water and Sanitation	58,210	Bank Transfer			FMV
(258)			South Asia	Protection	89,844	Bank Transfer			FMV
(259)			South Asia	Protection	99,823	Bank Transfer			FMV
(260)			South Asia	Protection	110,493	Bank Transfer			FMV
(261)			South Asia	Education	118,128	Bank Transfer			FMV
(262)			South Asia	Protection	227,047	Bank Transfer			FMV
(263)			South Asia	Protection	782,256	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(264)			South Asia	Education	758,320	Bank Transfer			FMV
(265)			South Asia	Education	852,275	Bank Transfer			FMV
(266)			South Asia	Education	1,388,736	Bank Transfer			FMV
(267)			South Asia	Education	1,654,242	Bank Transfer			FMV
(268)			South Asia	Education	2,680,023	Bank Transfer			FMV
(269)			South Asia	Education	4,473,090	Bank Transfer			FMV
(270)			East Asia and the Pacific	Protection	6,190	Bank Transfer			FMV
(271)			East Asia and the Pacific	Protection	7,143	Bank Transfer			FMV
(272)			East Asia and the Pacific	Protection	11,746	Bank Transfer			FMV
(273)			East Asia and the Pacific	Protection	12,659	Bank Transfer			FMV
(274)			East Asia and the Pacific	Protection	13,762	Bank Transfer			FMV
(275)			East Asia and the Pacific	Protection	13,866	Bank Transfer			FMV
(276)			East Asia and the Pacific	Protection	17,324	Bank Transfer			FMV
(277)			East Asia and the Pacific	Protection	19,471	Bank Transfer			FMV
(278)			East Asia and the Pacific	Protection	24,950	Bank Transfer			FMV
(279)			East Asia and the Pacific	Health	30,931	Bank Transfer			FMV
(280)			East Asia and the Pacific	Health	33,741	Bank Transfer			FMV
(281)			East Asia and the Pacific	Health	50,407	Bank Transfer			FMV
(282)			East Asia and the Pacific	Health	55,163	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(283)			East Asia and the Pacific	Health	64,872	Bank Transfer			FMV
(284)			East Asia and the Pacific	Health	95,355	Bank Transfer			FMV
(285)			East Asia and the Pacific	Distribution	594,975	Bank Transfer			FMV
(286)			East Asia and the Pacific	Community Development	1,201,548	Bank Transfer			FMV
(287)			East Asia and the Pacific	Distribution	2,110,703	Bank Transfer			FMV
(288)			East Asia and the Pacific	Distribution	2,205,001	Bank Transfer			FMV
(289)			East Asia and the Pacific	Distribution	5,086,151	Bank Transfer			FMV
(290)			South America	Health	16,800	Bank Transfer			FMV
(291)			South America	Protection	15,000	Bank Transfer			FMV
(292)			Middle East and North Africa	Protection	21,982	Bank Transfer			FMV
(293)			Middle East and North Africa	Protection	29,304	Bank Transfer			FMV
(294)			Middle East and North Africa	Health	37,925	Bank Transfer			FMV
(295)			Middle East and North Africa	Protection	49,624	Bank Transfer			FMV
(296)			Middle East and North Africa	Protection	49,883	Bank Transfer			FMV
(297)			Middle East and North Africa	Health	5,063	Bank Transfer			FMV
(298)			Middle East and North Africa	Protection	59,846	Bank Transfer			FMV
(299)			Middle East and North Africa	Protection	93,985	Bank Transfer			FMV
(300)			Middle East and North Africa	Protection	114,282	Bank Transfer			FMV
(301)			Middle East and North Africa	Protection	277,242	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(302)			Middle East and North Africa	Education	5,423	Bank Transfer			FMV
(303)			Middle East and North Africa	Community Development	8,928	Bank Transfer			FMV
(304)			Middle East and North Africa	Education	11,520	Bank Transfer			FMV
(305)			Middle East and North Africa	Education	12,940	Bank Transfer			FMV
(306)			Middle East and North Africa	Community Development	15,971	Bank Transfer			FMV
(307)			Middle East and North Africa	Protection	17,740	Bank Transfer			FMV
(308)			Middle East and North Africa	Education	20,596	Bank Transfer			FMV
(309)			Middle East and North Africa	Education	34,501	Bank Transfer			FMV
(310)			Middle East and North Africa	Community Development	36,229	Bank Transfer			FMV
(311)			Middle East and North Africa	Education	42,574	Bank Transfer			FMV
(312)			Middle East and North Africa	Protection	62,000	Bank Transfer			FMV
(313)			Middle East and North Africa	Community Development	63,863	Bank Transfer			FMV
(314)			Middle East and North Africa	Education	65,102	Bank Transfer			FMV
(315)			Middle East and North Africa	Education	76,084	Bank Transfer			FMV
(316)			Middle East and North Africa	Protection	76,900	Bank Transfer			FMV
(317)			Middle East and North Africa	Community Development	77,243	Bank Transfer			FMV
(318)			Middle East and North Africa	Protection	311,618	Bank Transfer			FMV
(319)			Middle East and North Africa	Protection	409,999	Bank Transfer			FMV
(320)			Middle East and North Africa	Protection	5,105	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(321)			Middle East and North Africa	Protection	7,653	Bank Transfer			FMV
(322)			Middle East and North Africa	Protection	11,076	Bank Transfer			FMV
(323)			Middle East and North Africa	Protection	13,285	Bank Transfer			FMV
(324)			Middle East and North Africa	Health	16,286	Bank Transfer			FMV
(325)			Middle East and North Africa	Health	20,626	Bank Transfer			FMV
(326)			Middle East and North Africa	Health	24,765	Bank Transfer			FMV
(327)			Middle East and North Africa	Health	30,709	Bank Transfer			FMV
(328)			Middle East and North Africa	Health	32,024	Bank Transfer			FMV
(329)			Middle East and North Africa	Health	34,064	Bank Transfer			FMV
(330)			Middle East and North Africa	Health	40,883	Bank Transfer			FMV
(331)			Middle East and North Africa	Education	46,290	Bank Transfer			FMV
(332)			Middle East and North Africa	Health	55,415	Bank Transfer			FMV
(333)			Middle East and North Africa	Health	61,097	Bank Transfer			FMV
(334)			Middle East and North Africa	Health	69,656	Bank Transfer			FMV
(335)			Middle East and North Africa	Health	87,073	Bank Transfer			FMV
(336)			Middle East and North Africa	Protection	92,144	Bank Transfer			FMV
(337)			Middle East and North Africa	Health	94,043	Bank Transfer			FMV
(338)			Middle East and North Africa	Health	95,577	Bank Transfer			FMV
(339)			Middle East and North Africa	Health	106,457	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(340)			Middle East and North Africa	Education	106,633	Bank Transfer			FMV
(341)			Middle East and North Africa	Health	118,356	Bank Transfer			FMV
(342)			Middle East and North Africa	Health	137,722	Bank Transfer			FMV
(343)			Middle East and North Africa	Health	141,752	Bank Transfer			FMV
(344)			Middle East and North Africa	Health	156,734	Bank Transfer			FMV
(345)			Middle East and North Africa	Health	185,382	Bank Transfer			FMV
(346)			Middle East and North Africa	Health	201,209	Bank Transfer			FMV
(347)			Middle East and North Africa	Health	228,668	Bank Transfer			FMV
(348)			Middle East and North Africa	Health	314,723	Bank Transfer			FMV
(349)			Middle East and North Africa	Health	325,616	Bank Transfer			FMV
(350)			Middle East and North Africa	Health	695,145	Bank Transfer			FMV
(351)			Middle East and North Africa	Health	812,800	Bank Transfer			FMV
(352)			Middle East and North Africa	Health	1,442,520	Bank Transfer			FMV
(353)			Middle East and North Africa	Health	99,927	Bank Transfer			FMV
(354)			Middle East and North Africa	Health	344,710	Bank Transfer			FMV
(355)			Middle East and North Africa	Education	10,239	Bank Transfer			FMV
(356)			Middle East and North Africa	Education	42,802	Bank Transfer			FMV
(357)			Sub-Saharan Africa	Community Development	8,360	Bank Transfer			FMV
(358)			Sub-Saharan Africa	Community Development	54,845	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(359)			Sub-Saharan Africa	Community Development	178,588	Bank Transfer			FMV
(360)			Sub-Saharan Africa	Health	12,885	Bank Transfer			FMV
(361)			Sub-Saharan Africa	Health	14,000	Bank Transfer			FMV
(362)			Sub-Saharan Africa	Health	23,400	Bank Transfer			FMV
(363)			Sub-Saharan Africa	Health	31,456	Bank Transfer			FMV
(364)			Sub-Saharan Africa	Health	45,363	Bank Transfer			FMV
(365)			Sub-Saharan Africa	Health	48,577	Bank Transfer			FMV
(366)			Sub-Saharan Africa	Health	50,000	Bank Transfer			FMV
(367)			Sub-Saharan Africa	Health	53,554	Bank Transfer			FMV
(368)			Sub-Saharan Africa	Health	55,905	Bank Transfer			FMV
(369)			Sub-Saharan Africa	Health	56,523	Bank Transfer			FMV
(370)			Sub-Saharan Africa	Health	68,587	Bank Transfer			FMV
(371)			Sub-Saharan Africa	Health	93,620	Bank Transfer			FMV
(372)			Sub-Saharan Africa	Health	115,450	Bank Transfer			FMV
(373)			Sub-Saharan Africa	Health	135,811	Bank Transfer			FMV
(374)			Sub-Saharan Africa	Health	143,922	Bank Transfer			FMV
(375)			Sub-Saharan Africa	Health	194,241	Bank Transfer			FMV
(376)			Sub-Saharan Africa	Protection	13,392	Bank Transfer			FMV
(377)			Sub-Saharan Africa	Protection	20,138	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(378)			Sub-Saharan Africa	Protection	31,343	Bank Transfer			FMV
(379)			Sub-Saharan Africa	Protection	38,302	Bank Transfer			FMV
(380)			Sub-Saharan Africa	Protection	55,750	Bank Transfer			FMV
(381)			East Asia and the Pacific	Health	69,385	Bank Transfer			FMV
(382)			East Asia and the Pacific	Health	76,484	Bank Transfer			FMV
(383)			East Asia and the Pacific	Education	5,500	Bank Transfer			FMV
(384)			Middle East and North Africa	Education	5,500	Bank Transfer			FMV
(385)			Sub-Saharan Africa	Protection	7,102	Bank Transfer			FMV
(386)			Sub-Saharan Africa	Education	8,500	Bank Transfer			FMV
(387)			Sub-Saharan Africa	Protection	8,500	Bank Transfer			FMV
(388)			Sub-Saharan Africa	Protection	8,500	Bank Transfer			FMV
(389)			Sub-Saharan Africa	Protection	8,500	Bank Transfer			FMV
(390)			Sub-Saharan Africa	Protection	8,500	Bank Transfer			FMV
(391)			Sub-Saharan Africa	Protection	8,500	Bank Transfer			FMV
(392)			Middle East and North Africa	Protection	8,500	Bank Transfer			FMV
(393)			Middle East and North Africa	Protection	8,584	Bank Transfer			FMV
(394)			Middle East and North Africa	Protection	14,659	Bank Transfer			FMV
(395)			Middle East and North Africa	Protection	23,663	Bank Transfer			FMV
(396)			Middle East and North Africa	Protection	28,239	Bank Transfer			FMV

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(397)			Middle East and North Africa	Protection	34,343	Bank Transfer			FMV
(398)			Middle East and North Africa	Protection	38,955	Bank Transfer			FMV
(399)			Middle East and North Africa	Protection	48,089	Bank Transfer			FMV
(400)			East Asia and the Pacific	Protection	65,843	Bank Transfer			FMV
(401)			East Asia and the Pacific	Protection	82,630	Bank Transfer			FMV
(402)			East Asia and the Pacific	Protection	97,541	Bank Transfer			FMV
(403)			Middle East and North Africa	Protection	145,204	Bank Transfer			FMV
(404)			Sub-Saharan Africa	Health	11,815	Bank Transfer			FMV
(405)			Europe (Including Iceland and	Health	7,261	Bank Transfer			FMV
(406)			Europe (Including Iceland and	Protection	18,718	Bank Transfer			FMV
(407)			Middle East and North Africa	Health	12,093	Bank Transfer			FMV
(408)			Middle East and North Africa	Health	23,908	Bank Transfer			FMV
(409)			Europe (Including Iceland and	IRC Affiliate	594,158	Bank Transfer			FMV
(410)			Europe (Including Iceland and	IRC Affiliate	7,575,289	Bank Transfer			FMV
(411)									
(412)									
(413)									
(414)									
(415)									

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III)

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(19) PROGRAM SUPPLIES & MATERIAL	Sub-Saharan Africa		67,041,296	Bank Transfer	3,561,373	PROGRAM SUPPLIES & MATERIAL	FMV
(20) SERVICE CONTRACTS	Sub-Saharan Africa		840,416	Bank Transfer			
(21) EDUCATION MATERIALS	Sub-Saharan Africa		3,581,415	Bank Transfer			
(22) CASH ASSISTANCE	South Asia		428,448	Bank Transfer			
(23) HEALTH CARE	South Asia		48	Bank Transfer			
(24) PROGRAM SUPPLIES & MATERIAL	South Asia		1,029,638	Bank Transfer	702,778	PROGRAM SUPPLIES & MATERIAL	FMV
(25) SERVICE CONTRACTS	South Asia		75	Bank Transfer			
(26) EDUCATION MATERIALS	South Asia		2,631,218	Bank Transfer			
(27) CASH ASSISTANCE	South America		506,007	Bank Transfer			
(28) HEALTH CARE	South America		89,538	Bank Transfer			
(29) OTHER ASSISTANCE	South America		147,656	Bank Transfer			
(30) PROGRAM SUPPLIES & MATERIAL	South America		143,495	Bank Transfer			
(31) EDUCATION MATERIALS	South America		18,815	Bank Transfer			
(32)							
(33)							
(34)							
(35)							
(36)							
(37)							

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Employer identification number

13-5660870

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 THE HARRINGTON AGENCY 212 S.Chester Rd. Swarthmore PA 19081	Direct mail Consultant		X	0	765,030	0
2 SD&A TELESERVICES, INC 5757 W Century Blvd 300 Los Angeles CA	Digital Fundraising		X	0	22,228	0
3 GOTT ADVERTISING LLC 191 Skyview Way San Francisco CA 94131	Digital Fundraising		X	0	107,500	0
4 FAR CREATIVE INC 640 17th St Brooklyn NY 11218	Digital Fundraising		X	0	13,413	0
5 BLUE STATE DIGITAL 101 6th Ave New York NY 10013	Digital Fundraising		X	0	34,411	0
6 ANNE LEWIS STRATEGIES LLC 650 Massachusetts Ave NW Washington D	Professional Fundraising		X	0	100,231	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
Total				0	1,042,813	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NY
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Rescue Dinner (event type)	Generation Rescue (event type)	2 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	11,343,133	228,424	295,086	11,866,643
	2	Less: Contributions	11,172,703	188,429	263,066	11,624,198
	3	Gross income (line 1 minus line 2)	170,430	39,995	32,020	242,445
Direct Expenses	4	Cash prizes			0	0
	5	Noncash prizes			0	0
	6	Rent/facility costs	545,970	0	22,488	568,458
	7	Food and beverages			0	0
	8	Entertainment			0	0
	9	Other direct expenses	111,560	1,892	40,847	154,299
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(722,757)
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-480,312	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1	Gross revenue	
Direct Expenses	2	Cash prizes			0
	3	Noncash prizes			0
	4	Rent/facility costs			0
	5	Other direct expenses			0
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				0

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

Employer identification number

INTERNATIONAL RESCUE COMMITTEE, INC

13-5660870

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) API Chaya P.O. Box 14047 Seattle, WA 98114	91-1674016	501 (C) (3)	90,667	0			Anti-Trafficking
(2) YouthCare 2500 NE 54th Street Seattle, WA 9810	91-0917079	501 (C) (3)	55,525	0			Anti-Trafficking
(3) WEAVE 2020 Hurley Way Sacramento, CA 958	94-2493158	501 (C) (3)	59,976	0			Anti-Trafficking
(4) Catholic Charities Of Northeast Ka 9720 West 87th Street Overland Park,	48-1181305	501 (C) (3)	384,209	0			Refugee Programs
(5) Catholic Charities Of The Texas Pa 2801 Duniwen Circle Amarillo, TX 7910	75-0818147	501 (C) (3)	199,942	0			Refugee Programs
(6) Catholic Charities Diocese Of Cam 1845 Haddon Avenue Camden, NJ 08	22-3759994	501 (C) (3)	209,896	0			Refugee Programs
(7) Church World Services Inc. 475 Riverside Dr. STE 700 New York,	13-4080201	501 (C) (3)	270,398	0			Refugee Programs
(8) Interfaith Refugee And Immigration 840 Echo Park Ave Los Angeles, CA 9	95-1684078	501 (C) (3)	44,999	0			Refugee Programs
(9) Jewish Family Service Of Los Ange 3580 Wilshire Blvd Ste 700 Los Angele	95-1691013	501 (C) (3)	24,127	0			Refugee Programs
(10) Newark Community Health Center 741 Broadway Newark, NJ 07104	22-2747589	501 (C) (3)	52,868	0			Refugee Programs
(11) North Hudson Community Action C 324 Palisade Ave., Jersey City, NJ 07	22-1818699	501 (C) (3)	6,679	0			Refugee Programs
(12) Refugee Services Of Texas Inc. 9241 Lyndon B. Johnson Freeway Ste	75-1618251	501 (C) (3)	181,097	0			Refugee Programs

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 25
- 3** Enter total number of other organizations listed in the line 1 table ▶ 2

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

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Community Integeration	0	19,504			
2 Economic Empowerment	0	2,612,923			
3 Education Program	0	2,917			
4 Health programming	0	729,263	128,862		Health Supplies
5 Immigration Service	0	79,905			
6 Matching Grant Programs	0	4,954,945	933,823		Cothing, household items
7 Resettlement Programs	0	15,204,923	825,163		Clothing household items

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

Part I Line 1 IRC maintains records of all grants made from the pre-award / due diligence phase which determines the selection of the subgrantee, the signing of the grant agreement and throughout the activity with the submission of periodic financial and programmatic reports as required per the grant agreement.

Part I Line 2 IRC has detailed required procedures for monitoring the use of funds within the US including but not limited to reviewing programmatic and financial reports, on-site monitoring, visits, phones contacts as well as capacity building as required

Part III Line B Number of recipients is noted it total for the year. During 2019, in the United States, the IRC helped resettle some 7183 newly arrived refugees and provided services to promote self-reliance and integration to many refugees, asylees and victims of human trafficking and other immigrants.

Continuation Sheet for Schedule I (Form 990)

Name of the organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) SAINT FRANCIS COMMUNITY SERVICE 509 East Elm Street. Salina, KS 67401	48-0543809	501 (C) (3)	80,744	0			Refugee Programs
(14) Jewish Vocational Service of MetroWest, 111 Prospect street East Orange, NJ 07017	22-1487229	501 (C) (3)	98,823	0			Refugee Programs
(15) Washington Elementary School District 4650 West Sweetwater Glendale, Az 85304	86-6000484		48,082	0			Refugee Programs
(16) Glendale Elementary School District 7301 N, 58th Avenue Glendale, Az 85301	86-6000498		63,548	0			Refugee Programs
(17) Phoenix Dream Center 3210 NW Grand Avenue Phoenix, Az 85017	86-1001113	501 (C) (3)	79,466	0			Anti-Trafficking
(18) Streetlightusa PO Box 6178 Peoria, AZ 85385	26-4359672	501 (C) (3)	69,318	0			Anti-Trafficking
(19) Alhambra Elementary School District 6615 North 39th Aenue Phoenix, Az 85019	86-6000510	501 (C) (3)	39,856	0			Refugee Programs
(20) Lutheran Immigration and Refugee Servi 700 Light Street Baltimore, MD 21230	13-2574854	501 (C) (3)	225,318	0			Refugee Programs
(21) Catholic Charities of the Archdiocese of N 590 N 7th St Newark, NJ 07107	22-2164120	501 (C) (3)	123,478	0			Refugee Programs
(22) Colorado Seminary DBA University of D 2199 S. University Boulevard Denver, CO 802	84-0404231	501 (C) (3)	38,642	0			Refugee Programs
(23) Survive and Thrive Advocacy Center, Inc 2121 Delta Blvd Tallahassee, FL 32303	47-3189855	501 (C) (3)	12,787	0			Refugee Programs
(24) UPAC Neighborhood Enterprise Center 5296 University Ave San Diego, CA 92105	23-7279074	501 (c) (3)	11,120	0			Refugee Programs
(25) IRC'S CENTER FOR ECON OPP 122 East 42nd street New York, NY 10168	45-3686069	501 (C) (3)	246,936	0			Refugee Programs
(26) Refugee Transitions (RT), 870 Market Street, Suite 718 San Francisco, C	94-3112099	501 (C) (3)	66,000	0			Refugee Programs
(27) Catholic Charities of Southwest Kansas 906 Central Ave Dodge City, KS 67801	48-0697602	501 (C) (3)	48,948	0			Refugee Programs
(28) -----							
(29) -----							

Continuation Sheet for Schedule I (Form 990)

Name of the organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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Part III Continuation of Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8 Youth Program	0	109,608			
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2018

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

INTERNATIONAL RESCUE COMMITTEE, INC

13-5660870

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided 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 relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

	Yes	No
1b		X

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

2		
----------	--	--

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

4a	X	
4b	X	
4c		X

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
If "Yes" on line 5a or 5b, describe in Part III.

5a		X
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:

- a** The organization?
- b** Any related organization?
If "Yes" on line 6a or 6b, describe in Part III.

6a		X
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
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9		
----------	--	--

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 David Miliband Dir/CEO/Pres	(i)	761,955	0	205,281	28,875	23,525	1,019,636	0
	(ii)	0	0	0	0	0	0	0
2 Oscar Raposo CFO, SVP Finance, Treasurer	(i)	249,444	0	0	23,962	13,549	286,955	0
	(ii)	0	0	0	0	0	0	0
3 Ricardo Castro General Counsel, Secretary	(i)	353,830	0	0	28,875	17,232	399,937	0
	(ii)	0	0	0	0	0	0	0
4 Ciaran Donnelly SVP International Programs	(i)	328,412	0	0	28,875	17,108	374,395	0
	(ii)	0	0	0	0	0	0	0
5 Jennifer Sime SVP US Programs	(i)	356,318	0	0	31,625	9,166	397,109	0
	(ii)	0	0	0	0	0	0	0
6 Amanda Seller Senior Vice President, Revenue	(i)	405,260	0	0	28,875	9,203	443,338	0
	(ii)	0	0	0	0	0	0	0
7 Madlin Sadler Senior Vice President, Operations &	(i)	351,295	0	0	26,125	23,026	400,446	0
	(ii)	0	0	0	0	0	0	0
8 Jodi Nelson (until October 2018) Senior Vice President Policy & Practi	(i)	263,218	0	179,478	24,119	17,354	484,169	0
	(ii)	0	0	0	0	0	0	0
9 Madeleine Fackler Chief Information Officer	(i)	341,542	0	0	28,875	23,125	393,542	0
	(ii)	0	0	0	0	0	0	0
10 Brian Johnson Chief HR Officer	(i)	333,539	0	0	28,875	23,110	385,524	0
	(ii)	0	0	0	0	0	0	0
11 Mania Boyder (until June 2018) Vice President Development	(i)	282,934	0	53,971	19,669	11,545	368,119	0
	(ii)	0	0	0	0	0	0	0
12 Ringler, Susan Chief Ethics and Compliance Officer	(i)	305,433	0	0	19,547	7,603	332,583	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

Part I Line 4b David Miliband participates in a supplemental non-qualified retirement plan. During the reporting period IRCs 457f contribution was \$48,625.00. This amount reported on Schedule J Part II, Column B (iii)

Part I Line 4a Jodi Nelson and Mania Boyder received severance payments. The amounts reported on Schedule J, Part II , Column B(iii)

Part I Line 1a During the reporting period a housing allowance of 50,000 paid to David Miliband. The Compensation Committee of the Board of Directors approved the allowance. The amount is reported on Schedule J, Part II , Column B(iii).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,558,839	FMV, RECEIPT
6 Cars and other vehicles	X	4	21,751	FMV, RECEIPT
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X		3,879,183	FMV, RECEIPT
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (EDUCATION MAT)	X		684,656	FMV, Pro forma invoices
26 Other ▶ (EMERGENCY PR)	X		210,848	FMV, Pro forma invoices
27 Other ▶ (WATER AND SAN)	X		9,205	FMV, Pro forma invoices
28 Other ▶ (Fuel and Transport)	X		887,334	FMV, Pro forma invoices

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		1
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I Line 5,20,25-28 The number of contributions is difficult to confirm as the same donor will make various contributions throughout the project in tranches as needed to support their grant funded program implementation and the individual contributions are received at the field level in our various country offices. The detailed documentation is held at the different office locations throughout the 32+ countries we work in including our US program offices. The number of individual contributions of goods would easily number in the 100s of thousands of items. HQ does not track to that level of detail but has all of the supporting documentation and invoices utilized for valuation and recording in the US and country locations

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Employer identification number

13-5660870

Form 990, Part III, Line 4d: Program Service Expenses: 85,537,485, Grants and allocations:

49,801,314, Revenue: 3,744,555 In Asia, the IRC responded to the primary and reproductive

health needs of internally displaced persons, refugees, and host communities across

Afghanistan, Bangladesh, Myanmar, Pakistan, and Thailand. In Afghanistan, the IRC also

provided shelter, water, and sanitation services to internally displaced persons and returning

refugees from Pakistan. In Pakistan, the IRC supported thousands of students through the

Pakistan Reading Project. In Myanmar, the IRC supported hard-to-reach populations through the

delivery of health, livelihoods, and economic recovery programs, and in Thailand, the IRC

continued to provide health services to individuals and families residing in camps.

Form 990, Part III, Line 4d: Program Service Expenses: 67,212,955, Grants and allocations:

12,777,189, Revenue: 0 IRC employed expert staff and advisors in the following sectors

Economic Recovery and Development, Health, Governance, Education, Violence Prevention and

Response, Gender Equality, Research, Evaluation and Learning. The IRC maintained units that

provided logistical and administrative support to country programs in the following regions:

West Africa, East Africa, Great Lakes, Asia, Europe and North Africa, the Middle East. In

addition, the IRCs Emergency Response team, along with lending support to IRC teams across the

globe, operated in Burkina Faso, Mexico, and Sudan.

Form 990, Part III, Line 4d: Program Service Expenses: 5,437,389, Grants and allocations:

4,197,095, Revenue: 3,939,494 In FY19, the IRC worked across Europe to assist refugees and

asylum seekers in camps and urban areas. In Greece and Germany, the IRC supported the

government and local organizations to implement migrant integration programs. In Latin

America, the IRC provided assistance to vulnerable migrant and asylum seekers fleeing economic

instability and violence in El Salvador, Honduras, Guatemala. In Columbia and Venezuela, the

IRC provided child protection and reproductive and primary health services to women and

families in need.

Form 990, Part I, Line 5: IRC's global workforce is approximately 14,000 employees. The 2218

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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only represents staff on the NY Headquarters payroll covering HQ, US office locations and

international expatriate employees. The remaining approximate 12,000 staff are national staff

paid in-country via local payroll systems and pay into local tax systems of their respective

country locations.

Form 990, Part V, Line 2a: IRC's global workforce is approximately 14,000 employees. The 2218

only represents staff on the NY Headquarters payroll covering HQ, US office locations and

international expatriate employees. The remaining approximate 12,000 staff are national staff

paid in-country via local payroll systems and pay into local tax systems of their respective

country locations.

Form 990, Part VI, Section B, Line 11b: The form 990 and all related schedules are prepared by

the Associate Controller. The legal team is consulted for relevant disclosures and the 990 is

reviewed with the CFO and CEO. The Form 990 is distributed electronically to all members of

the Board of Directors prior to filing electronically on the due date.

Form 990, Part VI, Section B, Line 12c: Per IRCs Conflict of Interest Policies, anyone who is

in a position to influence IRC policies and actions has a duty to disclose any potential

conflict to IRCs General Counsel. IRCs Audit Committee will then review the facts, including

whether IRC can obtain an alternative transaction that would not pose a conflict. The Audit

Committee will decide whether the transaction is in IRCs best interest and whether it is fair

and reasonable, and shall accordingly decide whether to allow the transaction to proceed.

Pursuant to IRCs Code of Conduct and Conflict of Interest Policies, all other staff have a

duty to report any potential conflict to their supervisor or to IRCs Ethics and Compliance

Unit. Senior management will review the facts, including whether an alternative transaction

would be possible that would not pose a conflict of interest. Senior management will decide

whether the transaction is permissible and whether mitigating controls should be implemented.

Form 990, Part VI, Section B, Line 15: The IRC Board of Directors established a Board

Compensation Committee in Nov. 2004. Pursuant to IRC Bylaws and Board Governance Guidelines,

Committee members are nominated by the Nominating and Governance Committee and presented to

the full Board for approval at the IRC Board Meetings. All Compensation Committee members are

Name of the organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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independent, uncompensated members of the Board. The Compensation Committee meets annually to review the performance of and determine compensation for the President & CEO. In addition, the Committee reviews compensation for the senior executive team (which includes Officers and Key Employees). An experienced, independent consultant is engaged to compile comparative compensation data, compensation ranges and related matters. The consultant also presents to the Committee a review of Intermediate Sanctions rules, any changes in those rules in the preceding year and the manner in which the Compensation Committee needs to proceed in order to be compliant. The consultant provides a written and verbal report to the Committee. The Compensation Committee maintains a record of its review and determinations in Committee meeting minutes.

Form 990, Part VI, Section C, Line 19: A copy of IRCs latest financial statements are available to the public on its website, www.rescue.org. In addition, IRCs governing documents, conflict of interest policy and financial statements may be obtained by contacting IRC directly in writing at International Rescue Committee, Inc. 122 East 42nd Street, NY, NY 10168, or by phone at 1-877-REFUGEE. In addition, IRCs financial reports are available by contacting any of the state agencies that collect copies of our financial statements with our charitable solicitation registrations.

Form 990, Part XI, Line 9: In the Reconciliation of Net Assets, the amount on Line 9 represents the net split interest agreements reve \$69,160 , Exchange rate loss (1,678,226)and restatement of beginning of year net assets to remove wholly-owned subsidiaries (\$5,953,931)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Employer identification number

13-5660870

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) IRC Hellas Apollon Tower, Louizis Riankour 64 Athens 11523, Greece	Humanitarian Aid	Greece			IRC	X	
(2) IRC Deutschland gGmbH Wallstrasse 15 A Berlin 10179, Germany	Humanitarian Aid	Germany			IRC	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) IRC Hellas	r	3,765,005	CASH
(2) IRC Deutschland gGmbH	r	6,492,320	CASH
(3) IRC Deutschland gGmbH	s	1,049,598	CASH
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Item M (990) - State of Legal Domicile

State NY	Foreign Country
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Part V, Line 4b (990) - Authority over a Financial Account in a Foreign Country

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)? If "Yes," enter the name of the foreign country:	
1	Afghanistan
2	Burundi
3	Cameroon
4	Chad
5	Congo (Kinshasa)
6	Ethiopia
7	Iraq
8	Pakistan
9	Tanzania
10	Thailand
11	Kenya
12	Uganda
13	Zimbabwe
14	Niger
15	Nigeria
16	Burma
17	Burkina Faso
18	Cote D'Ivoire (Ivory Coast)
19	Greece
20	Sierra Leone
21	Sudan
22	South Sudan
23	Yemen (Aden)
24	Jordan
25	Lebanon
26	Liberia
27	Mali
28	Switzerland
29	Malaysia
30	Serbia
31	Tunisia
32	Bangladesh
33	Germany
34	Somalia
35	El Salvador
36	Colombia
37	
38	
39	

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

<input type="checkbox"/>	Armed Forces the Americas	<input checked="" type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input checked="" type="checkbox"/>	Massachusetts	<input checked="" type="checkbox"/>	Rhode Island
<input checked="" type="checkbox"/>	Alaska	<input checked="" type="checkbox"/>	Maryland	<input checked="" type="checkbox"/>	South Carolina
<input checked="" type="checkbox"/>	Alabama	<input checked="" type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input checked="" type="checkbox"/>	Tennessee
<input checked="" type="checkbox"/>	Arkansas	<input checked="" type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input checked="" type="checkbox"/>	Minnesota	<input checked="" type="checkbox"/>	Utah
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Missouri	<input checked="" type="checkbox"/>	Virginia
<input checked="" type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U.S. Virgin Islands
<input checked="" type="checkbox"/>	Colorado	<input checked="" type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input checked="" type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input checked="" type="checkbox"/>	Washington
<input checked="" type="checkbox"/>	District of Columbia	<input checked="" type="checkbox"/>	North Carolina	<input checked="" type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input checked="" type="checkbox"/>	North Dakota	<input checked="" type="checkbox"/>	West Virginia
<input checked="" type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input checked="" type="checkbox"/>	New Hampshire		
<input checked="" type="checkbox"/>	Georgia	<input checked="" type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input checked="" type="checkbox"/>	New Mexico		
<input checked="" type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input checked="" type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input checked="" type="checkbox"/>	Ohio		
<input checked="" type="checkbox"/>	Illinois	<input checked="" type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input checked="" type="checkbox"/>	Oregon		
<input checked="" type="checkbox"/>	Kansas	<input checked="" type="checkbox"/>	Pennsylvania		
<input checked="" type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		