Form	990
(Rev.	January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ► Do not enter social security numbers on this form as it may be made public.

Depa	artment of t nal Revenu	the Treasury			ial security numl s.gov/Form990 for		-		-			en to Pu Inspectio	
A			endar year, or tax		-	10/1/2019		ending		9/30/2		mepeein	
в		applicable:	C Name of organization		ERNATIONAL RES			•			ntification	number	
	Address	change	Doing business as				T						
\square	Name cha	ange		-	mail is not delivered t	to street address)	Room/suite		13-5660				
		Ū	122 EAST 42ND	STREET		01.1			E Teleph	none nu	mber		
	Initial retu	Irn	City or town New York			State NY	ZIP code 10168		212-551	-3000			
\square	Final return	/terminated	Foreign country n	name	Foreign province/s		Foreign pos	tal code					
\square	Amended	return	i ereigii eeaniiyii		i ereigii protinee,e	alo, county	i oloigii poo		G Gross	receipts	s \$	820,	717,926
H				o of unincinal of	fi								
Ц	Applicatio	on pending	F Name and addres				10100		Is this a group ref				X No
			DAVID MILIBAN		ND STREET, NE	W YORK, NY	10168	H(b)	Are all subordi			XYes	No
I	Tax-exer	npt status:	X 501(c)(3)	501(c) () < (insert no	o.) 4947(a)(1) or 52	7	If "No," attach	a list. (s	see instructi	ons)	
J	Website	: 🕨 WW	W.RESCUE.OR	G				H(c)	Group exempt	ion num	iber 🕨		
к	Form of	organization	: X Corporation	Trust	Association	Other >	LY	ear of fo	rmation: 19	33	M State of	legal domicile	e: NY
-	Part I	Sur	nmary		<u> </u>		¥						
	1		escribe the organ	nization's mi	ssion or most sig	nificant activiti	es: Th	e Interr	national Res	scue (Committe	e respond	s
e			orld's worst huma										
Governance			d by conflict and										
/eri	2		nis box ► 🗌 if						ore than 25	% of i	te not see	ente	
ő	3		of voting membe	•		•					1		38
	4		of independent v										37
Activities &	5		mber of individua										2,246
<u>i k</u>	6		mber of voluntee							Ì			6,403
Act	7a		related business							7	-		929
	b		lated business ta							7			020
	~	i tot unio							Prior Yea		~	Current Ye	ar
a)	8	Contribu	tions and grants	(Part VIII, lir	ne 1h)				764.	828,5	94	785,	978,272
Revenue	9		service revenue							806,6			844,760
eve	10		ent income (Part							262,8			323,351
۳,	11		venue (Part VIII,							463,4			128,776
	12		enue—add lines 8							361,49			275,159
	13		nd similar amour							829,5			684,091
	14		paid to or for me								0		0
S	15		other compensation						361,	166,0	59	382,	534,068
cpenses	16a	Professi	onal fundraising f	fees (Part IX	, column (A), line	e 11e)			1,	042,8 ⁻	13	2,4	437,199
eq (b	Total fur	draising expense	es (Part IX, o	column (D), line 2	25) 🕨	40,594,49	91					
ŵ	17	Other ex	penses (Part IX,	column (A),	lines 11a–11d, 1	11f–24e)			147,	020,40	05	128,	026,610
	18	Total ex	penses. Add lines	s 13–17 (mu	ist equal Part IX,	column (A), lir	ne 25)		775,	058,8	54	786,	681,968
	19	Revenue	e less expenses.	Subtract line	e 18 from line 12					302,64		18,	593,191
Net Assets or Fund Balances									inning of Curi			End of Yea	
sset	20		sets (Part X, line							105,40			242,328
et A	21		oilities (Part X, lin							830,18			878,140
			ets or fund baland	ces. Subtrac	t line 21 from line	e 20			224,	275,28	87	242,	364,188
	art II		nature Block										
Und	er penalti belief it i	es of perjury	v, I de lave that I have ct and complete. Dec	evenined this r	return, including accor	npanying schedule r) is based on all in	s and statemer	nts, and t	o the best of m arer has any kr	iy knowl nowleda	edge		
			In CAN I	Capi	W			non prop			2021		
Się	-		Signature of officer						<i>I</i> Da		2021		
He	re	Ň	Oscar Raposo				CF	0	24				
			Type or print name ar	nd title				0					
		Print	/Type preparer's name		Preparer's	s signature		. [Date			PTIN	
Ра	id				the	1111	ticlo	:00		Chec			~ /
	eparer	. Dav	id M Highfill		FC	<u>1</u>	NY	U	7/1/2021		employed	P015178	91
	e Only		's name ► KPM0	G LLP	1		V		Firm's EIN	▶ 13	8-556520	7	
			's address ► 345 F	Park Avenue	, New York, NY	10154			Phone no.	21	2-758-97	00	
Ма	y the IF	RS discus	s this return with	the prepare	r shown above?	(see instruction	ns)					X Yes	No
						、	,	-		-			

For Paperwork Reduction Act Notice, see the separate instructions. HTA

OMB No. 1545-0047

2019

Form 9	90 (2019)	INTERNATIONAL RESCUE COMMITTEE, INC	13-5660870	Page 2
Pa	rt 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 d	escribe the organization's mission:		
•	•	reational Resource Committee responds to the world's worst humanitarian crises and		
		and where lives and liveliheads are shottered by conflict and disaster to survive		
		and goin control of their future		
	1000001,			
2	Did the	organization undertake any significant program services during the year which were not listed on		
2		Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O.	163	
2		organization cease conducting, or make significant changes in how it conducts, any program		
3				
			Yes	X No
		describe these changes on Schedule O.	as measured by	
4		the organization's program service accomplishments for each of its three largest program services, $r_{\rm e} = 2 \sin^2 (1 - 1)^2$ and $r_{\rm e} = 2 \sin^2 (1 - 1)^2$	-	
	•	es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others.	,
	the total	expenses, and revenue, if any, for each program service reported.		
4-	(O a d a d		
4a	(Code:) (Expenses \$ 316,507,782 including grants of \$ 141,674,111) (Revenue	\$ 7,190),882)
		ica, including Ethiopia, Kenya, Somalia, Sudan, South Sudan, Uganda, Yemen, and Zimbabwe,		
	program	s to protect vulnerable populations, particularly women and children. The IRC in the Great		
		gion, in Burundi, Central African Republic, the DR Congo, and Tanzania, worked with local		
	respons	e mechanisms to provide lifesaving support to those in need.		
	<u> </u>			
4b) (Expenses \$ 118,167,277 including grants of \$ 43,926,580) (Revenue	;\$)
	Lebanor	and Jordan. The IRC also delivered programs in the Kurdish Region of Iraq and aided Iraqi		
		through the region. The IRC, along with the Sesame Workshop, implemented a large-scale		
		children. It is the largest early childhood intervention in the history of humanitarian		
	respons	e		
4c	(Code:) (Expenses \$ 93,121,296 including grants of \$ 19,355,787) (Revenue	\$ 315	5,499)
		gees and other vulnerable immigrants have the resources and tools they need to build new		
		America. USP serves 45,000 individuals each year through a diverse portfolio of programs		
		t five core outcomes: Health, Safety, Economic Wellbeing, Education, and Power. Staff and		
		rs work together to resettle newly arrived refugees, facilitating food, shelter, and other		
		eds during the pivotal first months in the US. To promote self-reliance over the long		
		e IRC also offers English language classes, vocational training, and job placement		
		s, as well as specialized services for asylees, survivors of torture, human trafficking,		
		er forms of trauma. The IRC provides comprehensive legal services to help refugees and		
		migrants become permanent residents and US citizens, and supports a variety of programs		
	designe	d to help new arrivals feel welcome and integrate into their adopted communities.		
4d	-	ogram services (Describe on Schedule O.)		
	(Expens		38,379)	
4e	Total pro	ogram service expenses 691,737,449		

Form 9	13-5660 INTERNATIONAL RESCUE COMMITTEE, INC 13-5660	870	Р	age 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•		1	X X	<u> </u>
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<u> </u>	×	<u> </u>
3	candidates for public office? If "Yes," complete Schedule C, Part I.	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	- U		~
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		Х
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>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt		v	
40	negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	Х	
10	or in quasi endowments? If "Yes," complete Schedule D, Part V.	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		~	
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b	x	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х	<u> </u>
•	the organization's separate of consolidated infancial statements of the tax year include a footfole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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		~	
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	Х	
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> .	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
15	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	┝───
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			~
	If "Yes," complete Schedule G, Part III	19	I	Х

		-
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21

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Part IV

			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> .	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		<u></u>	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	23	v	
242	employees? <i>If "Yes," complete Schedule J</i>	23	Х	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		Х
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			V
00	990-EZ? If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		~
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
b	If"Yes," complete Schedule L, Part IV.	28a		X X
b C	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		^
U	If"Yes," complete Schedule L, Part IV.	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Х	~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20		v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
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>	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	~	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		v	
Ber	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t 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			Х
		• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	ON
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
-	gaming (gambling) winnings to prize winners?	1c	Х	
-		Form	990	(2019)

Form 9	90 (2019) INTERNATIONAL RESCUE COMMITTEE, INC 13-566	0870	P	age 5						
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									
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2,246 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
U	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	20	^							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b								
4a	, s , s , s , s , s , s , s , s , s , s									
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country See Attached Statement									
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
5a b										
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Х						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or									
	gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-	V							
b	and services provided to the payor?	7a 7b	X X							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10	~							
-	required to file Form 8282?	7c		х						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	V	Х						
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	Х							
0	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
а	Section 501(c)(12) organizations. Enter: 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.).									
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									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
b	Enter the amount of reserves the organization is required to maintain by the states in which									
~	the organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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		Х						
	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		Х						
	If "Yes," complete Form 4720, Schedule O.		000							

Form 990 (2019) Part VI

<u>Sect</u>	ion 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 1a 38			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 37			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O.	9		х
Sect	ion 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?	10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
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.	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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.			
	X Own website Another's website X Upon request Other (explain on Schedule O			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy,		
	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			

Form 990 (2019)	INTERNATIONAL RESCUE COMMITTEE, INC	13-5660870	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensation	ated	
	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 Employee	es	

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.

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

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

(A) Name and title	(B) Average hours	box,	unles	Pos neck ss pe	more rson irecto	than o is both pr/truste	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) David Miliband	37.50									
Dir/CEO/Pres	0.00	Х		Х				992,638	0	52,959
(2) Amanda Seller	37.50									
Senior Vice President, Revenue	0.00				Х			421,932	0	38,623
(3) Oscar Raposo	37.50									
CFO, SVP Finance, Treasurer	0.00			Х				404,076	0	52,647
(4) Madlin J. Sheerman	37.50									
Senior Vice President, Operations & Strategy	0.00				Х			404,995	0	49,649
(5) Jennifer Sime	37.50									
SVP US Programs	0.00				Х			373,484	0	41,390
(6) Ricardo Castro	37.50									
General Counsel, Secretary	0.00			Х				365,778	0	46,650
(7) Madeleine Fackler	37.50									
Chief Information Officer	0.00					Х		357,677	0	52,541
(8) Kelly Moody (from 01/29/2019)	37.50									
Vice President USA Philanthropy	0.00					Х		365,267	0	42,377
(9) Brian Johnson	37.50									
Chief HR Officer	0.00					Х		345,216	0	52,520
(10) Ciaran Donnelly	37.50									
SVP International Programs	0.00				Х			340,830	0	46,526
(11) Susan Ringler	37.50									
Chief Ethics and Compliance Officer	0.00					Х		317,200	0	38,411
(12) Martin Bratt (from 02/01/2019)	37.50									
Chief Strategy Officer	0.00					Х		312,670	0	28,112
(13) Clifford S. Asness	1.00									
Director	0.00		-					0	0	0
(14) George Biddle	1.00	4						-	_	-
Director	0.00	Х						0	0	0

Form **990** (2019)

Form 990 (2019)

INTERNATIONAL RESCUE COMMITTEE, INC

13-5660870 Page **8**

Porm 990 (2019) IN TERNATIONAL RESCUE C Part VII Section A. Officers, Directors, Tru			es.	and	d Hi	ahes	t Co	ompensated Em	13-566 Indovees (contin	
			,00,		2)	gnee				404/
(A) Name and title	(B) Average hours	box,	unle	Pos neck ss pe	ition more rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
		Individual trustee or director		1		Highest compensated employee	- <u> </u>	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15) Florence A. Davis(until December 2019) Director	1.00 0.00	x						0	0	0
(16) Super Dentzer	1.00	~						0	0	0
Director	0.00	х						0	0	0
(17) Timethy F. Caithnar		^						0	0	0
(17) Timothy F. Geithner	1.00	v						0		
Co-Chair, Board of Directors	0.00	Х						0	0	0
(18) John Holmes	1.00									
Director	0.00	Х						0	0	0
(19) Maria Hummer -Tuttle	1.00									
Director	0.00	Х						0	0	0
(20) Steven Klinsky	1.00									
Director	0.00	Х						0	0	0
(21) David A. Levine	1.00									
Director	0.00	Х						0	0	0
(22) Francois-Xavier De Mallmann	1.00									
Director	0.00	Х						0	0	0
(23) Eduardo G. Mestre	1.00									
Director	0.00	Х						0	0	0
(24) Jillian Muller	1.00									
Director	0.00	Х						0	0	0
(25) Thomas Nides	1.00									
Director	0.00	х						0	0	0
1b Subtotal								5,001,763	0	542,405
c Total from continuation sheets to Part VII, S								0	0	0
d Total (add lines 1b and 1c).								5,001,763	0	542,405
2 Total number of individuals (including but not li							ved		.000 of	
reportable compensation from the organization	•			-,.						256
										Yes No
3 Did the organization list any former officer, dire	ector trustee ke	vem	nlov	ree	or h	niahes	st co	ompensated		
employee on line 1a? If "Yes," complete Sched		•				•				3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	iter than \$150,00	-						-	h	4 X
			•••							
5 Did any person listed on line 1a receive or accr	•			-			•			
for services rendered to the organization? If "Y	es," complete So	nedı	iie J	tor	suc	n per	son	1		5 X
Section B. Independent Contractors										
1 Complete this table for your five highest compe	•									
compensation from the organization. Report co	mpensation for t	he ca	alen	dar	yea	r end	ıng	with or within the	e organization's	
(A)								(B)	.	(C)
Name and business add								Description of ser		Compensation
KPMG LLP 345 Park Ave. I	New York, NY 10)154					Fin	ancial Audit Ser	vice	563,961

1	Name and business address	Description of services	Compensation
KPMG LLP	345 Park Ave. New York, NY 10154	Financial Audit Service	563,961
JACKSON RIVER LLC,	2535 13th St. NW No. 005 Washington, DC 20009	Consulting	382,490
DELOITTE CONSULTING LLP	30 Rockefeller Plaza New York, NY 10112	Consulting	331,418
THE KONTERRA GROUP LLC	700 12th St NW, Washington, DC 20005	Consulting	246,789
JANUS MANAGEMENT GROU	25 Lake Street, Unit F White Plains, NY 10603	Consulting	228,979
2 Total number of independen	t contractors (including but not limited to those listed ab	oove) who received	
more than \$100,000 of comp	pensation from the organization	10	

	990 (20 ⁻		ESCU	E COMM	ITTEI	E, INC			13-56608	70 Page
Par	t VIII									
		Check if Schedule O co	ntains	a respon	se or	note to any line in				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512–514
"	1a	Federated campaigns			1a	2,162,618				sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b	0				
บัต	с	Fundraising events			1c	668,214				
fts, r Ar	d	Related organizations			1d	0				
, Gi ilai	е	Government grants (contrib	outions	s)	1e	461,144,168				
Sir	f	All other contributions, gifts	, gran	ts, and						
uti Jer		similar amounts not include	d abo	ove	1f	322,003,272				
oti Oti	g	Noncash contributions inclu								
Con		lines 1a–1f			1g					
0.0	h	Total. Add lines 1a-1f					785,978,272			
a)	•					Business Code	0 700 000	0.700.000		
		US Agency for Internationa				900099	8,780,929		0	
iue	b	Department for Internation	al Dev	/elopment		900099	3,063,831	, ,	0	
Program Service Revenue	C L						0		0	
Jrar Re∕	d						0		0	
	e f	All other program service re					0		0	
ጉ	q	Total. Add lines 2a–2f				►	11,844,760	, , , , , , , , , , , , , , , , , , ,	0	
	3	Investment income (includi					11,044,700			
	Ŭ	other similar amounts)	-				2,182,554	0	929	2,181,62
	4	Income from investment of					0		0_0	2,101,01
	5	Royalties		•	•		0	0	0	
	-	,		(i) Rea		(ii) Personal				
	6a	Gross rents	6a	26	6,752					
	b	Less: rental expenses .	6b							
	С	Rental income or (loss)	6c	26	6,752	0				
	d	Net rental income or (loss)	<u> </u>	<u></u> .		►	26,752	0	0	26,75
	7a	Gross amount from		(i) Securi	ities	(ii) Other				
		sales of assets								
0		other than inventory .	7a	17,033	3,479	297,919				
nue	b	Less: cost or other basis		45.400						
šve	-		7b	15,190						
Other Reve	c d	Gain or (loss)	7c	1,842			2,140,797	0	0	2,140,79
her	-	Gross income from fundrais			· ·		2,140,797	0	0	2,140,73
ð	ou	events (not including \$	•	668,214						
		of contributions reported on								
		See Part IV, line 18			8a	0				
	b	Less: direct expenses			8b	252,166				
	С	Net income or (loss) from fu	undrai	sing even	ts.	•	-252,166		0	-252,1
	9a	Gross income from gaming								
		See Part IV, line 19			9a	0				
	b	Less: direct expenses			9b	0				
	С	Net income or (loss) from g	-	g activities			0	0	0	
	10a	Gross sales of inventory, le								
		returns and allowances			10a	0				
	b	Less: cost of goods sold .			10b	•				
	C	Net income or (loss) from s	ales o	ninventor	у		0	0	0	
ŝnc	11-	IOM Loan Collection Fees				Business Code 900099	1 155 004	1 155 004	0	
cellaneo Revenue	11a b	Immigration Processing fee	e			900099	<u>1,155,881</u> 1,162,360		0	
ver	u D	· · · · _				900099	570,059		0	
Miscellaneous Revenue	d	All other revenue					465,890		0	
۱I\$		Total. Add lines 11a–11d .					3,354,190			
~							5,554,100	15,198,950		

INTERNATIONAL RESCUE COMMITTEE, INC

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						
	not include amounts reported on lines 6b, 7b, 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	3,593,791	3,593,791			
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22	17,120,194	17,120,194			
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16	252,970,106	252,970,106			
4	Benefits paid to or for members	0				
5	Compensation of current officers, directors,					
-	trustees, and key employees	3,659,704	1,070,511	1,860,358	728,835	
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	320,001,926	270,731,385	33,643,494	15,627,047	
8	Pension plan accruals and contributions (include	44 444 070	7 070 0 10	0.000.000	4 404 004	
•	section 401(k) and 403(b) employer contributions)	11,411,879	7,979,349	2,238,206	1,194,324	
9 10	Other employee benefits	38,626,022	32,646,769	4,138,667	1,840,586	
10 11		8,834,537	6,190,242	1,738,605	905,690	
11	Fees for services (nonemployees): Management	0	0	0	0	
a b		807,976	677,309	113,369	17,298	
		1,108,036	425,806	655,489	26,741	
c d		1,100,030	423,800	035,489		
e	Professional fundraising services. See Part IV, line 17.	2,437,199	0	0	2,437,199	
f	Investment management fees	2,407,100			2,407,100	
g	Other. (If line 11g amount exceeds 10% of line 25, column	0				
9	(A) amount, list line 11g expenses on Schedule O.)	17,306,503	9,176,690	6,087,570	2,042,243	
12	Advertising and promotion	12,333,397	728,568	187,955	11,416,874	
13	Office expenses	20,296,339	17,430,751	638,271	2,227,317	
14	Information technology	13,067,741	5,677,633	6,212,950	1,177,158	
15	Royalties	0	0	0	0	
16	Occupancy	23,212,684	22,283,079	624,772	304,833	
17	Travel	33,097,418	32,203,888	626,869	266,661	
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials	0	0	0	0	
19	Conferences, conventions, and meetings	2,061,473	1,777,452	169,074	114,947	
20	Interest	0	0	0	0	
21	Payments to affiliates	0	0	0	0	
22	Depreciation, depletion, and amortization	1,544,651	1,349,148	140,465	55,038	
23		2,189,193	1,992,726	122,779	73,688	
24	Other expenses. Itemize expenses not covered					
	above (List miscellaneous expenses on line 24e. If					
	line 24e amount exceeds 10% of line 25, column					
-	(A) amount, list line 24e expenses on Schedule O.)	504.044	400.004	7.000	04 754	
a b	Recruitment	531,244	492,224	7,266	31,754	
b	Dues and Registration	198,424	138,046	33,351	<u>27,027</u> 50,495	
c d	Subscriptions	367,381 0	194,080	122,806	50,495	
u e	All other expenses	-95,850	4,887,702	-5,012,288	28,736	
25	Total functional expenses. Add lines 1 through 24e	786,681,968	691,737,449	54,350,028	40,594,491	
26	Joint costs. Complete this line only if the	. 00,001,000	001,101,110	01,000,020	-0,00-,-01	
	organization reported in column (B) joint costs					
	from a combined educational campaign and					
	fundraising solicitation. Check here					
	following SOP 98-2 (ASC 958-720)					

Pa	art X	Balance Sheet Check if Schedule O contains a response o	r note to	o any line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			100,870,201	1	156,945,242
	2	Savings and temporary cash investments		[25,974,207	2	17,316,914
	3	Pledges and grants receivable, net		[108,334,317	3	89,736,621
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from any current	or forme	er officer, director,			
		trustee, key employee, creator or founder, sub-					
		controlled entity or family member of any of the	-		0	5	0
	6	Loans and other receivables from other disquali		· ·			
		under section 4958(f)(1)), and persons describe			0	6	0
Assets	7	Notes and loans receivable, net			15,487	7	6,956
Ass	8	Inventories for sale or use			8,903,569		16,761,923
-	9	Prepaid expenses and deferred charges			5,502,556	9	5,519,099
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	- , - ,	3,508,218		2,546,755
	11	Investments—publicly traded securities			87,881,200		85,897,254
	12	Investments-other securities. See Part IV, line			40,534,981		38,690,509
	13	Investments—program-related. See Part IV, lin			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			3,580,733		4,821,055
	16	Total assets. Add lines 1 through 15 (must equ			385,105,469		418,242,328
	17	Accounts payable and accrued expenses			65,492,451		62,836,697
	18	Grants payable			85,044,224		104,332,065
	19	Deferred revenue			745,227	19 20	476,230
	20	Tax-exempt bond liabilities			507,347	20 21	°
S	21 22	Escrow or custodial account liability. Complete			507,347	21	118,060
Liabilities	~~	Loans and other payables to any current or for trustee, key employee, creator or founder, sub-					
bili		controlled entity or family member of any of the			0	22	0
Lia	23	Secured mortgages and notes payable to unre	-		0		0
	24	Unsecured notes and loans payable to unrelate			0		0
	25	Other liabilities (including federal income tax, p			0	27	
		parties, and other liabilities not included on line	-				
		Part X of Schedule D			9,040,933	25	8,115,088
	26	Total liabilities. Add lines 17 through 25			160,830,182		175,878,140
S		Organizations that follow FASB ASC 958, ch			, ,		· · ·
JCe		and complete lines 27, 28, 32, and 33.					
alaı	27	Net assets without donor restrictions			87,327,998	27	94,821,245
ä	28	Net assets with donor restrictions			136,947,289		147,542,943
pu		Organizations that do not follow FASB ASC			,,		,
ц		and complete lines 29 through 33.	,-				
ō	29	Capital stock or trust principal, or current funds	S		0	29	0
ets	30	Paid-in or capital surplus, or land, building, or e			0	30	0
\ss	31	Retained earnings, endowment, accumulated i			0	31	0
Net Assets or Fund Balances	32	Total net assets or fund balances			224,275,287	32	242,364,188
ž	33	Total liabilities and net assets/fund balances .			385,105,469	33	418,242,328
							Form 990 (2019)

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Form 990 (2019)

INTERNATIONAL RESCUE COMMITTEE, INC

Form 9	990 (2019) INTERNATIONAL RESCUE COMMITTEE, INC	13	3-5660870	Pag	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			.	Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	80	5,275	5,159
2	Total expenses (must equal Part IX, column (A), line 25)	2	78	6,681	1,968
3	Revenue less expenses. Subtract line 2 from line 1	3	18	8,593	3,191
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	224	4,275	5,287
5	Net unrealized gains (losses) on investments	5		805	5,435
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 on Schedule O)	9	-	1,309	9,725
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	<u>colu</u> mn (B))	10	242	2,364	1,188
Part				1	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on	• • •	20	~	
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
54	the Single Audit Act and OMB Circular A-133?		3a	х	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	• • •	<u>Ja</u>	~	<u> </u>
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		. 3b	Х	ĺ

Form **990** (2019)

Contin	uation Sh	eet	fo	or F	Fo	rm	99	90	Page	1 of 2
Name of the Organization						E	mpl	oyer identification n		1 01 2
INTERNATIONAL RESCUE COMMITTEE, INC								60870		
Part VII Section A Continuation of Of		rs, T	ru s	stee	es,	Key	En	nployees, and	Highest	
Compensated Emp		<u>г</u>						1		
(A) Name and title	(B) Average	Posit	tion (C) kalli	that ap	oply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per		Ì	1	1	· ·	1	compensation	compensation	amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(26) Michael J. O Neill	1.00									
Director	0.00	Х						0	0	0
(27) Anjali Pant M.D., M.P.H	1.00									
Director	0.00	Х	<u> </u>		<u> </u>			0	0	0
(28) Dr. Kathleen M. Pike, Ph.D.	1.00							_		•
Director	0.00	Х	├	├	├			0	0	0
(29) Omar Saeed	1.00 0.00	x					1	0	0	0
(30) Pamela Saunders-Albin	1.00	^						0	0	0
Director	0.00	х						0	0	0
(31) Gillian Sorensen	1.00							<u> </u>	0	<u> </u>
Director	0.00	х						0	0	0
(32) Sally Susman	1.00									
Co-Chair, Board of Directors	0.00	Х						0	0	0
(33) Mona K. Sutphen	1.00									
Director	0.00	Х						0	0	0
(34) Tony Tamer	1.00									
	0.00	Х						0	0	0
(35) Dr. Merryl H. Tisch	1.00	v							0	0
Director (36) E. Eric Tokat	0.00	Х						0	0	0
Director	0.00	х						0	0	0
(37) P. Maureen White	1.00							0	0	0
Director	0.00							0	0	0
(38) Zeid Ra ad Al Hussein	1.00									
Director	0.00	Х						0	0	0
(39) Cheryl Cohen Effron	1.00									
Director	0.00							0	0	0
(40) Udi Grofman(From March 2020)	1.00									
	0.00							0	0	0
(41) Becca Heller	1.00							0	0	0
Director	0.00							0	0	0
(42) Andrew Klaber Director	0.00						1	0	0	0
(43) Joshua L. Steiner	1.00		\vdash		\vdash			Ĭ		0
Director	0.00	х					1	0	0	0
(44) Leah Joy Zell	1.00		1		1					
Director	0.00							0	0	0
(45) Tracy R. Wolstencroft Co-Chair, Board of Directors	1.00 0.00							0	0	0
(46) Laurence D. Fink(From September 2020)	1.00		ľ		ľ		1			<u>.</u>
Director	0.00	Х						0	0	0

Continuation Sheet for Form 990

Contin	uation Sh	eet	fo	or I	F0	rm	99	0	Page	2 of 2
Name of the Organization						E	mple	oyer identification n		
INTERNATIONAL RESCUE COMMITTEE, INC						13	3-56	60870		
Part VII Section A Continuation of Off	icers, Directo	ors, T	rus	stee	es,				Highest	
Compensated Emp		,			,				0	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	Posit	tion (that ap	ply)	Reportable	Reportable	Estimated
	hours per	o In	'n	Q	Ke	er Hi	F	compensation	compensation	amount of
	week	Individual t or director	stitu	Officer	Key employee	ghe: nplc	Former	from the	from related organizations	other compensation
	(list any hours for	lual -	tiona		nplo	st co yee	Ъ.	organization	(W-2/1099-MISC)	from the
	related	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		(W-2/1099-MISC)		organization
	organizations below dotted	ee	stee			insa				and related organizations
	line)					fed				5
(47) Uzodinma Iweala, M.D. (From June ,2020)	1.00									
Director	0.00							0	0	0
(48) Prakash Melwani(From September 2020)	1.00									
Director	0.00							0	0	0
(49) Janet Napolitano (From September ,2020)	1.00									
	0.00							0	0	0
(50) Kathrin Wieland(From June 2020)	1.00									0
Director	0.00	Х						0	0	0
(51)										
(52)										
(53)										
(54)										
(55)										
(56)										
(57)										
(58)										
(59)										
(60)										
(61)										
<u>(62)</u>										
<u>(63)</u>										
(64)										
(65)										
(66)										
(67)	 		-	-						

SCHEDULE A	
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(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

2 g 0 **Open to Public**

OMB No. 1545-0047

Depar	tmen	t of the Treasury		► Attacr	to Form 990 or Form	990-EZ.			Open to Public
		venue Service	► Got	to www.irs.gov/Forn	1990 for instructions ar	nd the late	st informa	tion.	Inspection
Name	of th	e organization						Employer identification	number
INTE	RN	ATIONAL RESO	CUE COMMITTE	E. INC				13-56	60870
Par					ganizations must co	mplete th	nis part)		
					or lines 1 through 12,				
1		A church, conv	ention of church	es, or association o	f churches described i	n section	170(b)(1)	(A)(i).	
2		A school descr	ibed in section '	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	90-EZ).)		
3		A hospital or a	cooperative hos	pital service organiz	zation described in sec	tion 170(b)(1)(A)(ii	i).	
4			arch organizatio e, city, and state		nction with a hospital o	lescribed	in section	170(b)(1)(A)(iii). Er	ter the
5			n operated for th (1)(A)(iv). (Com		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state	, or local govern	ment or governmer	ntal unit described in se	ection 170)(b)(1)(A)((v).	
7	Х			eceives a substantia (A)(vi). (Complete F	al part of its support fro Part II.)	om a gove	rnmental เ	unit or from the gene	ral public
8		A community tr	ust described in	section 170(b)(1)(A)(vi). (Complete Part	II.)			
9					section 170(b)(1)(A)(ix ure (see instructions).				
10		An organization receipts from a support from g	ctivities related t ross investment	to its exempt functic income and unrelat	ian 33 1/3% of its supp ons—subject to certain ed business taxable in See section 509(a)(2) .	exception come (les	is, and (2) is section :	no more than 33 1/3 511 tax) from busine	3% of its
11		An organization	n organized and	operated exclusive	ly to test for public safe	ety. See s e	ection 509	9(a)(4).	
12		An organization	n organized and	operated exclusive	ly for the benefit of, to	perform th	ne function	ns of, or to carry out t	he purposes
					escribed in section 50 9 bes the type of suppor				
				•		•••		•	
а	I	the supporte	ed organization(pervised, or controlled l larly appoint or elect a tions A and B.				
b				-	r controlled in connecti	ion with its	s supporte	d organization(s), by	/ having
		control or m	anagement of th		ization vested in the sa				
С		Type III fun	ctionally integr	ated. A supporting of	organization operated i	in connect	tion with, a	and functionally integ	rated with,
d					You must complete I ting organization operation				anization(a)
u	I	that is not fu	inctionally integr	ated. The organizat	ing organization operation operation generally must sat	isfy a distr	ibution rea	quirement and an att	entiveness
е		Check this b	oox if the organiz	zation received a wr	itten determination from	m the IRS	that it is a		e III
f		-			Illy integrated supporti		ation.		0
			••	n about the support					
g		Name of supported		(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of
	()		5		(described on lines 1–10 above (see instructions))	listed in you	ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	1	
(A)									
(B)									
(C)									
(D)									
(E)									
Tota								0	0

Schedule A (Form 990 or 990-EZ) 2019 INTERNATIONAL RESCUE COMMITTEE, INC

Part II

13-5660870 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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	730,809,683	710,339,839	711,075,998	764,828,594	785,978,272	3,703,032,386
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	730,809,683	710,339,839	711,075,998	764,828,594	785,978,272	3,703,032,386
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						3,703,032,386
	tion B. Total Support				(N 66 / 6		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	730,809,683	710,339,839	711,075,998	764,828,594	785,978,272	3,703,032,386
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	1,843,426	2,456,256	2,739,422	3,623,361	2,209,306	12,871,771
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.)	3,424,133	4,335,003	3,796,154			11,555,290
11	Total support. Add lines 7 through 10						3,727,459,447
12	Gross receipts from related activities, etc. (se	,			,	12	48,895,780
13	First five years. If the Form 990 is for the of						
	organization, check this box and stop here .						
	tion C. Computation of Public Su				i		
	Public support percentage for 2019 (line 6, c					14	99.34%
15	Public support percentage from 2018 Sched				1	15	98.83%
16a	33 1/3% support test—2019. If the organiz						. 5
	and stop here. The organization qualifies as		-				· · · · · ► X
b	33 1/3% support test—2018. If the organiz						
	box and stop here. The organization qualified	es as a publicly sup	ported organizatio	n			· · · · · Þ
17a	10%-facts-and-circumstances test-2019	0		, ,	,		
	10% or more, and if the organization meets t						
	Part VI how the organization meets the "facts organization		•	•			
h	10%-facts-and-circumstances test—2018						🕨 🛄
U	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization meet					ly	
	supported organization			•		•	
18	Private foundation. If the organization did r	not check a box on	line 13, 16a. 16b.	17a, or 17b, check	this box and see		
	instructions						▶

Schedule A (Form 990 or 990-EZ) 2019

Page **2**

Schedule A (Form 990 or 990-EZ) 2019 INTERNATIONAL RESCUE COMMITTEE, INC Part III

13-5660870

Page 3

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

	tion A. Public Support	1					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
-	received. (Do not include any "unusual grants.")	0	0	0	0	0	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						`
Ũ	furnished by a governmental unit to the						
	organization without charge						0
6		0	0	0	0	0	0
6 70	Total. Add lines 1 through 5	0	0	0	0	0	0
<i>i</i> a	Amounts included on lines 1, 2, and 3						0
	received from disqualified persons						0
D	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
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
_	line 6.)						0
	tion B. Total Support	1					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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
с	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 o	-			-		
	organization, check this box and stop here	•			()	,	
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2019 (line 8, c		-	(f))		15	0.00%
16	Public support percentage from 2018 Sched	()		. , ,		16	0.00%
	tion D. Computation of Investmer						0.0070
17	Investment income percentage for 2019 (line			olump (f))		17	0.00%
	Investment income percentage for 2019 (inter-		-			18	0.00%
18 19a	33 1/3% support tests—2019. If the organi					-	0.00 /0
ıJd	not more than 33 1/3%, check this box and s						
h	33 1/3% support tests—2018. If the organ				-		🕨 🛄
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did	-	-				
	i i i i i i i i i i i i i i i i i i i			.,			· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
14		
4b		
4c		
5a		
5h		
5b 5c		
6		
0		
7		
8		
0		
9a		
9b		
9c		
10a		
10b		

Schedu		3-5660870	Р	age 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part	<i>VI.</i> 11c		
Sect	ion 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? 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	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion 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 price	or tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI h	low		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 instruction	is).	
a	The organization satisfied the Activities Test. Complete line 2 below.		.	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. <i>Describe in Part VI how you supported a government</i>	entity (see instruc	ctions).	

- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in* **Part VI identify** *those supported organizations and explain* how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer (a) and (b) below.*
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

3b

Yes No

Schedule A (Form 990 or 990-EZ) 2019 INTERNATIONAL RESCUE COMMITTEE, INC 13-5660870 Page 6 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) **1** Net short-term capital gain 1 2 2 Recoveries of prior-year distributions 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). 8 0 0 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 0 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 0 2 Enter 85% of line 1 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

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

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3			5-5000070 Page 7
Section	on D - Distributions	· · · · · · · · · · · · · · · · · · ·	· · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
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	ne organization is respor	nsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014 0			
b	From 2015 0			
С	From 2016 0			
d				
е	From 2018 0			
f	Total of lines 3a through e	0		
g			0	
h	Applied to 2019 distributable amount			0
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4	Distributions for 2019 from			
	Section D, line 7: \$ 0			
	Applied to underdistributions of prior years		0	
b	Applied to 2019 distributable amount			0
<u> </u>	Remainder. Subtract lines 4a and 4b from 4.	0		
5	Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a				
	Excess from 2016 0			
C				
d	Excess from 2018			
e				
e				

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 9	,	INTERNATIONAL				13-5660870	Page 8
III, line B, lines	12; Part IV, Se 1 and 2; Part	ction A, lines 1, 2, 3 IV, Section C, line 1	3b, 3c, 4b, 4c, 5a, ; Part IV, Section	6, 9a, 9b, 9c, 11a, D, lines 2 and 3; Pa	10; Part II, line 17a or 11b, and 11c; Part IV, art IV, Section E, lines	Section 1c, 2a, 2b,	
				, Section D, lines 5 information. (See in	, 6, and 8; and Part V, structions.)	Section E,	
Part II Section B Line	e 10 The amou	int shown as other i	ncome relates to	the following 3			
components also not	ted on Part VII	I, Line 11. IOM Loa	n Collection Fees	related to the loans	3		
given to refugees to	cover the cost	of their resettlemer	nt in the US, wher	eby the			
resettling agency col	lects the loan	and retains 25% of	the revenues; the	75% is returned			
to IOM for issuing fut	ture loans.						
Part II Section B Line	e 10 Cont. 2 In	nmigration processi	ng fees related to	the filing			
paperwork for green	card and othe	r immigration paper	work whereby the	e refugees cover the) 		
fee. Miscellaneous re	evenue relates	to various rebates	received, point re	demptions on			
credit cards, miscella	aneous credits	and other non-proc	ram revenues rec	ceived during the			
year.							

Schedule B (Form 990, 990-EZ.

or 990-PF)

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ

Filers of:

Form 990-PF

Schedule of Contributors

Attach to Form 990. Form 990-EZ. or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Organization type (check one):
INTERNATIONAL RESCUE COMMITTEE, INC
Name of the organization

/MITTEE, INC	13-5660870
Section:	
X 501(c)(3) (enter number) organization	
4947(a)(1) nonexempt charitable trust not treated as a private found	lation

527 political organizatio	n
---------------------------	---

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

Х 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, 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

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).

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

Name of or	ganization TIONAL RESCUE COMMITTEE, INC	E	Employer identification number 13-5660870
Part I	Contributors (see instructions). Use duplicate copie	es 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:	\$103,798,301	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	European Union Humanitarian Department (ECHO) 200 Rule de la Loi B-1049 1000 Foreign State or Province: Brussels Foreign Country: Belgium	\$49,381,572	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Bureau of Population Refugees & Migration (BPRM) 2201 C Street NW Washington DC 20520 Foreign State or Province: Foreign Country:	\$66,256,242	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Department for International Development (DFID) 1 Palace Street SW 1E-5HE Foreign State or Province: London Foreign Country: United Kingdom	\$79,785,034	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	US Agency for International Development (USAID) 1300 Pennsylvania Avenue, NW Washington DC 20523-1000 Foreign State or Province:	\$19,762,415	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	UN High Commissioner on Refugees (UNHCR) Case Postale 2500 CH-1211 Foreign State or Province: Geneva Foreign Country: Switzerland	\$ <u>41,650,340</u> _	PersonXPayrollNoncash(Complete Part II for noncash contributions.)

Name of organization

	Ganization FIONAL RESCUE COMMITTEE, INC		13-5660870
Part I	Contributors (see instructions). Use duplicate copie	es 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:	\$40,645,852	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Swedish International Development Cooperation Agen Valhallav gen 199 SE-105 25 Foreign State or Province: <u>Stockholm</u> Foreign Country: <u>Sweden</u>	\$22,300,243	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Image: Complete Part II for noncash contributions.)

Employer identification number

(a) No.

from

Part I

Part II Non (a) No. from Part I 1 Ve	L RESCUE COMMITTEE, INC cash Property (see instructions). Use duplicate (b) Description of noncash property given mergency Program materials whicle le and Parts	copies of Part II if additional spa (c) FMV (or estimate) (See instructions.) (See 2,634,359	ace is
from Part I 	Description of noncash property given nergency Program materials hicle	FMV (or estimate) (See instructions.)	
1 Ve Fu (a) No. from	hicle	\$	
from			
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
4	nergency Program materials	\$386,366	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
5	enerator and Supplies	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	

(b) Description of noncash property given

identification number 13-5660870

(d) Date received

9/30/2020

(d) Date received

(d) Date received

9/30/2020

(d) Date received

(d) Date received

(d) Date received

(c)

FMV (or estimate)

(See instructions.)

\$____

9/30/2020

needed.

Name of org	ganization ΓΙΟΝΑL RESCUE COMMITTEE, INC			Employer identification number 13-5660870	
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for th the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	e year from any one contribut as completing Part III, enter the ear. (Enter this information one	tor. Complete col total of exclusive	section 501(c)(7), (8), or umns (a) through (e) and /y religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held	
		·			
	Transferee's name, address, ar	(e) Transfer of g		transferor to transferee	
(a) No. from Part I	For. Prov. Country (b) Purpose of gift	(c) Use of gift	(0	d) Description of how gift is held	
		· · · · · · · · · · · · · · · · · · ·			
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4 	Relationship of	transferor to transferee	
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(4	d) Description of how gift is held	
		· · · · · · · · · · · · · · · · · · ·			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to trans				
	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 g	ift		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of	transferor to transferee	
	 For. Prov. Country				

CHEDULE C Political Campaign and Lobbying Activities					OMB No. 1545-0047				
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527					20	9			
Department of the Treasury ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.						Public			
Internal Revenue Service	► Go to www.irs.gov/Form990 for				Inspec	tion			
-	ered "Yes," on Form 990, Part IV, line 3, or		V, line 46 (Politica	I Campaign Act	tivities), 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 exceptions: Complete Part I A only. 								
-	 Section 527 organizations: Complete Part I-A only. 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 need roll 5006 (election under section 501(h)). Complete Part I-A. Do not complete Part I-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. 								
• • •	ered "Yes," on Form 990, Part IV, line 5 (Pro		· <i>//</i>		•				
(Proxy Tax) (see separat		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						
• Section 501(c)(4), (5), o	or (6) organizations: Complete Part III.								
Name of organization				Employer ide	ntification nur	nber			
INTERNATIONAL RESO	•		· · · · · · · · · · · · · · · · · · ·		3-5660870				
	te if the organization is exempt un								
	on of the organization's direct and indirect al campaign activities")	political campaign	activities in Part IV	/. (see instructi	ions for				
	activity expenditures (see instructions).			▶ \$					
	political campaign activities (see instruction								
	te if the organization is exempt un								
1 Enter the amount of	f any excise tax incurred by the organization	on under section 49	955	. 🕨 \$					
2 Enter the amount of	f any excise tax incurred by organization n	nanagers under se	ction 4955...	. 🕨 \$					
3 If the organization	ncurred a section 4955 tax, did it file Form	4720 for this year	?		Yes	No			
4a Was a correction m	ade?				Yes	No			
b If "Yes," describe in	Part IV.								
	te if the organization is exempt une			tion 501(c)(3	s).				
activities	irectly expended by the filing organization			. ► \$					
	f the filing organization's funds contributed	-		► \$					
3 Total exempt funct	on expenditures. Add lines 1 and 2. Enter	here and on Form	1120-POL,						
line 17b				. 🕨 \$		0			
•••	zation file Form 1120-POL for this year? .				Yes	No			
organization made the amount of politi	ddresses and employer identification numl payments. For each organization listed, er cal contributions received that were promp egated fund or a political action committee	nter the amount pai otly and directly del	d from the filing o ivered to a separa	rganization's fu te political orga	unds. Also ent anization, suc	er h			
(a) Name	(b) Address	(c) EIN	(d) Amount pai filing organiza funds. If none, ei	ion's c	(e) Amount of po ontributions receiv promptly and dir delivered to a sep political organiza none, enter -(ved and rectly parate tion. If			
(1)		-							
(2)		-							
(3)		-							
(4)									
(5)		-							
(6)		-							

INTERNATIONAL RESCUE COMMITTEE, INC

Schedule C (Form 990 or 990-EZ) 2019

Ρ	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
A B	 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). Check ▶ if the filing organization checked box A and "limited control" provisions apply. 							
		ring Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals				
1a	Total lobbying expenditures to influence publi	ic opinion (grassroots lobbying)		0				
b	Total lobbying expenditures to influence a leg	islative body (direct lobbying)		0				
С	Total lobbying expenditures (add lines 1a and	0	0					
d	Other exempt purpose expenditures		0					
е			0	0				
f	Lobbying nontaxable amount. Enter the amou							
	columns.	5	0	0				
	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, e	enter -0	0	0				
i	.	nter -0	0	0				
j	If there is an amount other than zero on eithe	r line 1h or line 1i, did the organization file Form 472	0 reporting	Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total				
2a	Lobbying nontaxable amount		0	0	0	0				
b	Lobbying ceiling amount (150% of line 2a, column(e))					0				
с	Total lobbying expenditures		0	0	0	0				
d	Grassroots nontaxable amount		0	0	0	0				
е	Grassroots ceiling amount (150% of line 2d, column (e))					0				
f	Grassroots lobbying expenditures		0	0	0	0				

Schedule C (Form 990 or 990-EZ) 2019

Page 2

Page **3**

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)).

Ford	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed		(a)		(b)	
	cription of the lobbying activity.	Yes	No	А	mount	ſ
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:					
а	Volunteers?		Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х				
с	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?		Х			
e	Publications, or published or broadcast statements?		Х			
f	Grants to other organizations for lobbying purposes?		Х			
q	Direct contact with legislators, their staffs, government officials, or a legislative body?				20	3,061
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			-,
i	Other activities?		Х			
i	Total. Add lines 1c through 1i.				20	3,061
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х			
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.		ľ			
d						
-	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	ors	oction	,	
I ai		<u>c)(</u> c),	01.30	Section		
	501(c)(6).				Yes	No
4	Were substantially all (0.0%) or more) dues respired handed ustible by members?			4	res	INO
1	Were substantially all (90% or more) dues received nondeductible by members?	• •		2		

Did the organization make only in-house lobbying expenditures of \$2,000 or less?
 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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).		
а	Current year	2a	
b	Carryover from last year	2b	
С	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	V 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.

3

Schedule C (Form 990 or 990-EZ) 2019

Part IV	Supplemental Information (continued)

Page **4**

SCHEDULE D (Form 990)		Supplemental Financial Statements					\vdash	OMB No. 1545-0047
(10111330)		Complete if the organization answered "Yes" on Form 990,						2019
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶Attach to Form 990.						Open to Public
Interna	Revenue Service	► Go to www.irs.go	//Form990 for instructions	and				Inspection
Name of the organization					Emp	loyer ident	ification num	iber
		SCUE COMMITTEE, INC	Advised Eurode or Oth				13-5660	870
Part		tions Maintaining Donor if the organization answer				or Acco	ounts.	
	Complete	II the organization answer	(a) Donor advised			(b) F	unds and oth	er accounts
1	Total number at	end of year	(4)			(4)		
2		contributions to (during year) .						
3	Aggregate value of	grants from (during year)						
4		at end of year						
5	-	tion inform all donors and dor	-					
6		ganization's property, subject a ation inform all grantees, donor						Yes No
0	•	le purposes and not for the be						
		missible private benefit?						Yes No
Part		tion Easements.						
		if the organization answer	ed "Yes" on Form 990,	Parl	t IV, line 7.			
1		onservation easements held by						
	Preservation	of land for public use (for example	ole, recreation or education)		Preservation of a	a historica	ally importa	ant land area
	Protection of	of natural habitat			Preservation of a	a certified	historic st	ructure
	Preservatio	n of open space						
2		2a through 2d if the organization	on held a qualified conserv	/atior	n contribution in t	he <u>form o</u>	f a conser	vation
		e last day of the tax year.					Held at the	e End of the Tax Year
а		conservation easements				2a		
b		estricted by conservation ease ervation easements on a certi				2b 2c		
c d		ervation easements included i				20		
u		e listed in the National Registe				2d		
3	Number of cons	ervation easements modified,	transferred, released, exti	nguis	shed, or terminate	ed by the	organizati	on during
	the tax year 🕨							
4		s where property subject to co						
5		zation have a written policy re inforcement of the conservation						
6		er hours devoted to monitoring, in						Yes No
Ũ			specting, nandling of violatio	113, ai	id childreing conse		Sements ut	ang the year
7	Amount of expense	ses incurred in monitoring, inspec	ting, handling of violations, a	and er	nforcing conservation	on easem	ents during	the year
	▶ \$							
8		ervation easement reported o						
•		(h)(4)(B)(ii)?						Yes No
9		cribe how the organization rep and include, if applicable, the t				•		
		ccounting for conservation eas		nyan		Statemen	its that ue	
Part		tions Maintaining Collect		l Tre	asures, or Oth	ner Simi	ilar Asse	ts.
		if the organization answer						
1a	-	on elected, as permitted under						
		torical treasures, or other simil	-					rance of
b		rovide in Part XIII the text of the						aat
b	-	on elected, as permitted under torical treasures, or other simil	-					
		rovide the following amounts i				Toscaro		
		luded on Form 990, Part VIII, I	-				▶ \$	
		led in Form 990, Part X					▶ \$	
2	If the organizatio	on received or held works of a	rt, historical treasures, or c	other	similar assets for		gain, prov	vide the
	-	ts required to be reported und	-	-				
а		ed on Form 990, Part VIII, line					▶ \$	
		in Form 990, Part X					▶ \$	dulo D (Eorm 990) 2019

	ule D (Form 990) 2019 INTERNATIONAL RESC	UE COMMIT	TEE, INC				13-5660	870		Page 2
Part	III Organizations Maintaining Colle	ctions of A	rt, Histo	rical Tre	asures, or O	other	Similar Assets	(conti	nued)	
3	Using the organization's acquisition, accessi	ion, and other	records,	check any	of the followin	g that	make significant	use of it	s	
	collection items (check all that apply):			_						
а	Public exhibition		d	Loan or	exchange prog	gram				
b	Scholarly research		е	Other						
с	Preservation for future generations			4						
4	Provide a description of the organization's co	ollections and	evolain h	ow they fu	urther the organ	nizatio	n's exempt purpo	se in Pa	art	
-	XIII.		слрын п			iizatio		50 111 0		
5	During the year, did the organization solicit of	or receive don	ations of	art histori	cal treasures	or othe	ar similar			
5	assets to be sold to raise funds rather than t							ΠYe	~	No
Dort			ou uo pui		gamzation o oo	nootioi				
Part	Complete if the organization answe		n Earm (000 Dart	IV line 0 or	ropo	rtod on amount	on Eo	m	
	990, Part X, line 21.	eleu res o		990, Fait	TV, III e 9, 01	Tepo				
4.										
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?								es X	N.a
h	If "Yes," explain the arrangement in Part XIII								es X	No
b				wing lable	•			mount		
~	Beginning balance					10		mount		0
c d	Additions during the year					1d				0
e	Distributions during the year					1e				
f	Ending balance					1f				0
	•									1
2a	Did the organization include an amount on F						•	X Ye		No
b	If "Yes," explain the arrangement in Part XIII	. Check here	if the expl	anation ha	as been provid	ed on	Part XIII		Х	
Part										
	Complete if the organization answe	ered "Yes" o	n Form 9	990, Part	IV, line 10.					
	(a)	Current year	(b) Pri	or year	(c) Two years b	ack	(d) Three years back	(e) Fo	ur years	s back
1a	Beginning of year balance	114,144,000	11:	5,947,000	112,068	,000	106,977,000)	103,80	04,000
b	Contributions			0	601	,000	59,000)	58	34,000
С	Net investment earnings, gains,									
	and losses	3,704,000	3	3,253,000	8,278	,000	10,030,000)	7,54	15,000
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	5,199,000	Ę	5,056,000	5,000	,000	4,998,000)	4,95	56,000
f	Administrative expenses									
g	End of year balance	112,649,000		4,144,000	- 7 -	,	112,068,000)	106,97	7,000
2	Provide the estimated percentage of the cur	-		line 1g, co	olumn (a)) held	as:				
a	Board designated or quasi-endowment		4%							
b	Permanent endowment	49%								
С	Term endowment ► 7%		20/							
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse			n that are	hold and adm	iniotor	ad for the			
3a	organization by:		nganizatio	n inai are		mister		ĺ	Yes	No
	5 ,							2a(i)	res	No
	(i) Unrelated organizations							3a(i)		X X
b	If "Yes" on line 3a(ii), are the related organiz							3a(ii) 3b		^
4	Describe in Part XIII the intended uses of the		-			• •		30		<u> </u>
4 Part			I S CHUUWI							
Fall	Complete if the organization answe		n Form (000 Part	IV line 11a	Saa	Form 000 Part	X line	10	
					or other basis					
	Description of property	(a) Cost or ot (investm		. ,	or other basis	• • •	Accumulated epreciation	(u) B	ook valu	C
1a	Land	,	0	(0					0
b	Buildings		0		0		0			0
c	Leasehold improvements		0		9,488,466		8,407,325		1.08	31,141
d		1	0		3,756,023		3,289,698			6,325
e	Other	<u> </u>	0		5,026,244		4,026,955			99,289
	Add lines 1a through 1e. (Column (d) must e	qual Form 99	-	column (l			►			46,755

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 (c) Method of valuation: (b) Book value Cost or end-of-year market value (including name of security) (1) Financial derivatives 0 (2) Closely held equity interests . 0 32,607,514 F (3) Other Limited Partnership (A) Direct Lending Fund 6,082,995 F (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ► 38,690,509 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. (c) Method of valuation: (a) Description of investment (b) Book value 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 542,802 (3) Annuity Liability Related to Split Interest Agreement 6,405,266 1,167,020 (4) Deferred rent (5)(6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 8,115,088

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

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Schedu	le D (Form 990) 2019 INTERNATIONAL RESCUE COMMITTEE, INC	13-5660870	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	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	824,462,885
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 805,435		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 18,130,125		
е	Add lines 2a through 2d	2e	18,935,560
3	Subtract line 2e from line 1	3	805,527,325
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.) -252,166		050 400
	Add lines 4a and 4b .	4c	-252,166
5 Dort	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)		805,275,159
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Keturn.	
1	Total expenses and losses per audited financial statements	1	808,255,605
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		000,233,003
- a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses 2c		
d	Other (Describe in Part XIII.) 21,683,637		
e	Add lines 2a through 2d	2e	21,683,637
3	Subtract line 2e from line 1		786,571,968
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 110,000		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	110,000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	786,681,968
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Par		art X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa	ation.	
Part I	V Line 2b Custodial accounts at IRC represent funds held on behalf of refugee		
partic	pants related to economic empowerment programs (Assets for Financial Independence		
(AFI)	and Individual Development Accounts (IDA)) in compliance with program requirements		
as stij	pulated by the donors. Funds will be released as refugees complete the program		
roquir	ements.		
Tequi			
Part \	/ Line 4 IRC board of directors has established a fund to provide for the long-term		
financ	ial stability of IRC and to enhance its ability to respond to extraordinary		
	······································		
emerg	ency needs. The purpose of this fund is to provide a mechanism for the board of		
direct	ors to set aside and invest certain funds. Accordingly, the board of directors has		
desig	nated the Leo Cherne Emergency Fund, certain unrestricted bequests, extraordinary		
gifts (as determined by the board of directors), and portions of unrestricted surpluses in		
opera	ting funds for this purpose. IRC permanently restricted donor endowment and emergency		
opera			
funds	further support the long term financial stability of the organization. Included in		

Pag	e	5
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Schedule D (Form 990) 2019 INTERNATIONAL RESCUE COMMITTEE, INC	13-5660870	Page 5
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 2020 or		
2019.		
Part XI Line 2d The amount includes subsidiary revenue of \$ 18,543,873, included in the		
audited financial statements and the change in value of splitting interest amounting		
(\$413,748).		
Part VI Line 4b The amount \$252,166 represents special event expenses		
Part XII Line 2d The amount includes subsidiary expenses of \$ 21,431,471, included in		
audited financial statement and the special event expenses of \$252,166.		
Part XI Line 1 The financial statement revenue includes both operating revenue and		
non-operating amounts.		
Part XII Line 1 The financial statements expense includes both operating and non-operating		
amounts		

		Statement	t of Activi	ties Outside the L	Inited States	OMB No. 1545-0047
(го				vered "Yes" on Form 990, Part		2019
	tment of the Treasury		► 4	Attach to Form 990.		Open to Public
	al Revenue Service	Go to www	w.irs.gov/Form99	0 for instructions and the late	st information.	Inspection Employer identification number
		COMMITTEE, IN	IC			13-5660870
Par				e the United States. Comp	plete if the organization	
	Form 990, Part IV	/, line 14b.				
	other assistance, the gr award the grants or ass	antees' eligibility istance?	for the grants or	ds to substantiate the amount assistance, and the selection	criteria used to	🗙 Yes 🗌 No
2	For grantmakers. Dese outside the United State		e organization's	procedures for monitoring the	use of its grants and c	ther assistance
3	Activities per Region. (1	The following Par	t I, line 3 table c	an 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 a program service, describe specific type service(s) in the regio	of expenditures for and investments
(1)		2	24	Program Services		571,093
(2)	Europe (Including Iceland and Greenland)			Grants to recipients		437,327
(3)	Central America and the Caribbean	3	155	Program Services		4,365,070
(4)	Central America and the Caribbean	6		Grants to recipients		3,926,011
(5)	Middle East and North Africa	6	2,031	Program Services		83,707,753
(6)	Middle East and North Africa			Grants to recipients		43,926,580
(7)	Sub-Saharan Africa	19	6,939	Program Services		165,366,616
(8)	Sub-Saharan Africa			Grants to recipients		141,674,111
	East Asia and the Pacific	3	1,114	Program Services		21,536,716
(10)	East Asia and the Pacific			Grants to recipients		25,743,558
(11)	South Asia	3	1,168	Program Services		16,070,138
(12)	South Asia			Grants to recipients		18,057,399
(13)						
(14)						
(15)						
(16)						
(17)						
	Subtotal	36	11,431			525,382,372
b	Total from continuation sheets to Part I	0	0			0
с	Totals (add lines 3a and 3b)	36	-			525,382,372

Part II

13-5660870 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 peeded.

(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, othe
		Middle East and North	Protection		Bank Transfer			
(1)		Africa		149,140				FMV
		Middle East and North	Protection		Bank Transfer			
(2)	-	Africa		5,854				FMV
(3)		Middle East and North Africa	Protection	77,293	Bank Transfer			FMV
		Middle East and North	Protection		Bank Transfer			
(4)		Africa		33,293				FMV
(5)		Middle East and North Africa	Protection	16,712	Bank Transfer			FMV
(0)		South Asia	Protection	10,112	Bank Transfer			
(6)				87,695				FMV
X-7		South Asia	Protection	,	Bank Transfer			
(7)				296,400				FMV
		South Asia	Protection		Bank Transfer			
(8)				118,097				FMV
(9)		South Asia	Protection	78,315	Bank Transfer			FMV
(5)		Middle East and North	Education	70,313	Bank Transfer			
10)		Africa	Education	201,102				FMV
		Middle East and North	Education		Bank Transfer			
11)		Africa		155,573				FMV
		Middle East and North	Health		Bank Transfer			
12)		Africa		1,175,115				FMV
42)		Middle East and North Africa	Health	02.004	Bank Transfer			
13)	-	Middle East and North	Haalth	83,994	Bank Transfer			FMV
14)		Africa	nealui	235,186				FMV
• •,		Middle East and North	Health	200,100	Bank Transfer			
15)		Africa		482,317				FMV
		Middle East and North	Protection		Bank Transfer			
16)		Africa		64,347				FMV
		organizations listed abo	-	-			t	
	r for which the gra	ntee or counsel has pro)(3) equivalency lette	er	🕨 🔜		

Schedule F (Form 990) 2019

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INTERNATIONAL RESCUE COMMITTEE, INC Schedule F (Form 990) 2019

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	ATIONAL RESCUE COMMITTE	•				13-5660870	Page 🕽
	Assistance to Individuals (be duplicated if additional sp			plete if the orga	anization answ	ered "Yes" on Form 99	0, Part IV,
(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)
CASH ASSISTANCE	East Asia and the Pacific						
(1)			1,746,289				
HEALTH CARE	East Asia and the Pacific						
(2) OTHER ASSISTANCE	East Asia and the Pacific		1,901,295				
(3) PROGRAM SUPPLIES &	East Asia and the Pacific		89,253			PROGRAM SUPPLIES 8	
(4) MATERIAL SERVICE CONTRACTS	East Asia and the Pacific		3,082,051		363,821	MATERIAL	FMV
(5) EDUCATION MATERIALS (6)	East Asia and the Pacific		90,948 151,521				
CASH ASSISTANCE (7)	Sub-Saharan Africa		19,573,801				
HEALTH CARE	Sub-Saharan Africa		5,838,611				
OTHER ASSISTANCE (9)	Sub-Saharan Africa		826,411				
PROGRAM SUPPLIES & (10) MATERIAL	Sub-Saharan Africa		67,647,920		5,687,308	PROGRAM SUPPLIES & MATERIAL	FMV
SERVICE CONTRACTS (11)	Sub-Saharan Africa		5,293,070				
EDUCATION MATERIALS (12)	Sub-Saharan Africa		2,257,755				
CASH ASSISTANCE (13)	South Asia		3,684,510				
HEALTH CARE	South Asia		33,011				
PROGRAM SUPPLIES & (15) MATERIAL	South Asia		5,356,361		257,519	PROGRAM SUPPLIES 8 MATERIAL	FMV
SERVICE CONTRACTS (16)	South Asia		1,133,360				
EDUCATION MATERIALS (17)	South Asia		1,017,059				
CASH ASSISTANCE	South America		2,232,755				

Schedule F (Form 990) 2019

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INTERNATIONAL RESCUE COMMITTEE, INC Schedule F (Form 990) 2019

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Part	V 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).	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>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)</i>	X 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? <i>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)</i> .	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>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)</i> .	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No

Schedule F (Form 990) 2019 INTERNATIONAL RESCUE COMMITTEE, INC	13-5660870	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part II and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part additional information. See instructions.	II (accounting method);	
Part I Line I 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 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 2020 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 819,536 children and more than 20,000		
teachers/facilitators received professional development. IRC and our partner organizations		
supported 230,613 individuals or households through cash transfers and 234,820		
beneficiaries of Livelihood program. Through IRC and our partner organizations 6.2M		
received primary health care, outpatient-new and revisit consultation, while 13,738 health		
care workers supported or employed by IRC. More than 2.5M served with water supply		
infrastructure built or rehabilitated and more than 3.2 individuals provided access to		
sanitation facilities. 409,758 new admissions to all nutrition program while 1,636		
supported sites managing acute malnutrition. Through IRCs sexual and reproductive health		
program 224,912 clients started using modern contraceptive and 13,467 women receiving		
comprehensive care. 9,151 new children registered for child protection program during the		
fiscal year and 73,491 children received support through IRCs child protection program.		
24,052 GBV survivors registered for case management, while 107,421 individuals		

Schedule F (Fo	orm 990) 2019	INTERNATIONAL RESCUE COMMITTEE, INC	13-5660870	Page 5
Part V	Provide the amounts of and Part III,	ental Information information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f investments vs. expenditures per region); Part II, line 1 (accounting method); Part column (c) (estimated number of recipients), as applicable. Also complete this par formation. See instructions.	III (accounting method);	
participated	in EASE and	EMAP or SASA. Through IRC's Protection and rule of law program		
5,826 client	s registered fo	or protection while 31,915 received legal counseling. In IRC's		
governance	program 166	organization received development support while 30,827 received in		
governance	training.			

INTERNATIONAL RESCUE COMMITTEE, INC

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		nts and Other Assis				, , , , , , , , , , , , , , , , , , ,		,
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)		Middle East and North Africa	Community Development	18,351	Bank Transfer			FMV
(18)		Sub-Saharan Africa	Education		Bank Transfer			FMV
		Middle East and North Africa	Health		Bank Transfer			
(19)		Sub-Saharan Africa	Health		Bank Transfer			FMV
(20)		Sub-Saharan Africa	Health	1,309,587	Bank Transfer			FMV
(21)		Sub-Saharan Africa	Health	1,800,142	Bank Transfer			FMV
(22)		Sub-Saharan Africa	Health	1,196,742				FMV
(23)				856,223				FMV
(24)		Sub-Saharan Africa	Health	1,951,859	Bank Transfer			FMV
(25)		Sub-Saharan Africa	Health	418,115	Bank Transfer			FMV
(26)		Middle East and North Africa	Protection		Bank Transfer			FMV
(27)		Middle East and North Africa	Protection	1,142,840	Bank Transfer			FMV
(28)		Sub-Saharan Africa	Protection		Bank Transfer			FMV
(29)		Sub-Saharan Africa	Protection		Bank Transfer			FMV
(30)		Sub-Saharan Africa	Education		Bank Transfer			FMV
(31)		Sub-Saharan Africa	Education		Bank Transfer			FMV
		Sub-Saharan Africa	Education		Bank Transfer			FMV
(32)		South Asia	Education		Bank Transfer			
(33)		South Asia	Education	256,383	Bank Transfer			FMV
(34)		South Asia	Education	70,194	Bank Transfer			FMV
(35)				102,503				FMV

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INTERNATIONAL RESCUE COMMITTEE, INC

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Part	Contin	uation of Grai	nts and Other Assi	stance to Organiza	tions or Entities	Outside the Unite	d States. (Schedul	e F (Form 990), Part I	, 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)
(20	•		Sub-Saharan Africa	Health	6 440	Bank Transfer			
(36	<u>)</u>		Sub-Saharan Africa	Health	6,449	Bank Transfer			FMV
(37	7)		Sub-Sanaran Ainca		30,918				FMV
(38			Sub-Saharan Africa	Protection	2,498,252	Bank Transfer			FMV
(39			Sub-Saharan Africa	Protection	1,530,497	Bank Transfer			FMV
(40			Sub-Saharan Africa	Protection	2,223,911	Bank Transfer			FMV
(41			Sub-Saharan Africa	Protection	484,992	Bank Transfer			FMV
(42			Sub-Saharan Africa	Education	940,730	Bank Transfer			FMV
			South America	Protection	30,801	Bank Transfer			FMV
(43 (44			Sub-Saharan Africa	Health	283,622	Bank Transfer			FMV
(4			Sub-Saharan Africa	Health	275,029	Bank Transfer			FMV
(46			Sub-Saharan Africa	Health	6,816	Bank Transfer			FMV
(47			Sub-Saharan Africa	Health	32,548	Bank Transfer			FMV
(48	3)		Sub-Saharan Africa	Health	240,740	Bank Transfer			FMV
(49	9)		Sub-Saharan Africa	Health	77,702	Bank Transfer			FMV
(50			Sub-Saharan Africa	Health	209,820	Bank Transfer			FMV
(51			Sub-Saharan Africa	Health	298,924	Bank Transfer			FMV
(52			Sub-Saharan Africa	Protection	51,267	Bank Transfer			FMV
(53			East Asia and the Pacific	Community Development	63,319	Bank Transfer			FMV
(54			Sub-Saharan Africa	Community Development	668,507	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 (b) IRS code (c) Region (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (i) Method of section and EIN organization grant cash grant cash non-cash of non-cash assistance valuation (if applicable) assistance (book, FMV, disbursement appraisal, other) Sub-Saharan Africa Community Bank Transfer Development (55) 174,375 FMV Community Sub-Saharan Africa Bank Transfer Development (56) 338,301 FMV Sub-Saharan Africa Protection Bank Transfer (57) 79,223 FMV Health Sub-Saharan Africa Bank Transfer (58) 6,532 FMV Health Sub-Saharan Africa Bank Transfer (59) 21,677 FMV Sub-Saharan Africa Community Bank Transfer Development (60) 165,849 FMV Sub-Saharan Africa Community Bank Transfer Development (61) 41,443 FMV Bank Transfer Sub-Saharan Africa Community Development (62) 27,511 FMV Sub-Saharan Africa Bank Transfer Protection 24.793 FMV (63) Sub-Saharan Africa Protection Bank Transfer (64) 20.006 FMV Sub-Saharan Africa Protection Bank Transfer (65) 39.294 FMV Sub-Saharan Africa Education Bank Transfer 144.173 FMV (66) Health Sub-Saharan Africa Bank Transfer 34.915 FMV (67) Sub-Saharan Africa Health Bank Transfer 5,893 FMV (68) Middle East and North Health Bank Transfer Africa (69) 41.231 FMV South America Education Bank Transfer

Health

Health

Health

South America

South America

Sub-Saharan Africa

18,100

318.456

11.936

10.671

Bank Transfer

Bank Transfer

Bank Transfer

Schedule F (Form 990) 2013

(70)

(71)

(72)

(73)

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FMV Schedule F (Form 990) 2013

FMV

FMV

FMV

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1	(a) Name of organization	(b) IRS code section and EIN	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash	(g) Amount of non-cash	(h) Description of non-cash assistance	(i) Method of valuation
	organization	(if applicable)		grant	cash grant	disbursement	assistance		(book, FMV, appraisal, other)
			Sub-Saharan Africa	Health		Bank Transfer			
(74)				81,939				FMV
			Sub-Saharan Africa	Health	0.17.000	Bank Transfer			EN 0 (
(75)		Sub-Saharan Africa	Health	347,296	Bank Transfer			FMV
(76)		Sub-Sanaran Amea	Ticalui	80,179				FMV
(77			Sub-Saharan Africa	Community Development		Bank Transfer			FMV
			Sub-Saharan Africa	Water and Sanitation		Bank Transfer			
(78)		Out Ochemen Africe		342,395				FMV
(79)		Sub-Saharan Africa	Water and Sanitation	338,945	Bank Transfer			FMV
<u> </u>	/		Sub-Saharan Africa	Water and Sanitation		Bank Transfer			
(80)				41,810				FMV
(81)		Sub-Saharan Africa	Water and Sanitation	5,202	Bank Transfer			FMV
			Sub-Saharan Africa	Water and Sanitation		Bank Transfer			
(82)	-			458,671				FMV
(83)		Sub-Saharan Africa	Water and Sanitation	500,138	Bank Transfer			FMV
	,		Sub-Saharan Africa	Water and Sanitation	· · · ·	Bank Transfer			
(84)				288,416				FMV
(85)		Sub-Saharan Africa	Water and Sanitation	65,020	Bank Transfer			FMV
(0)	/		Sub-Saharan Africa	Water and Sanitation	00,020	Bank Transfer			
(86)				24,730				FMV
(87)		Sub-Saharan Africa	Water and Sanitation	75,665	Bank Transfer			FMV
(/		Sub-Saharan Africa	Water and Sanitation	,	Bank Transfer			
(88)				173,096				FMV
(89)		Middle East and North Africa	Health	211,807	Bank Transfer			FMV
(00	/		Middle East and North	Health		Bank Transfer	1		
(90)		Africa		160,490				FMV
(91)		Middle East and North Africa	Health	84,200	Bank Transfer			FMV
			Sub-Saharan Africa	Protection	,	Bank Transfer	1		
(92	()				196,203				FMV

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Part	Contin	uation of Gran	nts and Other Assis	tance to Organiza	tions or Entities	Outside the United	d States. (Schedul	e 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)
(0)	2)		Sub-Saharan Africa	Protection	11 567	Bank Transfer			
(9:	3)		Sub-Saharan Africa	Protection	11,567	Bank Transfer			FMV
(94	4)				6,158				FMV
(9			Sub-Saharan Africa	Protection	39,975	Bank Transfer			FMV
(90			Sub-Saharan Africa	Protection	24,647	Bank Transfer			FMV
(97			Sub-Saharan Africa	Protection	16,386	Bank Transfer			FMV
(98			Sub-Saharan Africa	Protection	64,679	Bank Transfer			FMV
(99			Sub-Saharan Africa	Protection	367,470	Bank Transfer			FMV
(10			South America	Protection		Bank Transfer			FMV
(10			Sub-Saharan Africa	Protection		Bank Transfer			FMV
(10			Sub-Saharan Africa	Protection	25,758	Bank Transfer			FMV
(10			Sub-Saharan Africa	Protection	9,696	Bank Transfer			FMV
(10				Community Development	1,284,871	Bank Transfer			FMV
(10	15)			Community Development	3,319,567	Bank Transfer			FMV
(10	16)		Middle East and North Africa	Protection	139,343	Bank Transfer			FMV
(10	17)		Middle East and North Africa	Protection	73,782	Bank Transfer			FMV
(10	(8)			Community Development	82,735				FMV
(10	9)		East Asia and the Pacific	Health	8,514	Bank Transfer			FMV
(11			East Asia and the Pacific	Health	38,395	Bank Transfer			FMV
(11			East Asia and the Pacific	Protection		Bank Transfer			FMV

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Part	II Contin	uation of Gran	nts and Other Assis	stance to Organizat	tions or Entities	Outside the Unite	d States. (Schedu	le F (Form 990), Part I	, 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)
(4.4	•		Middle East and North Africa	Health	400 505	Bank Transfer			
(11	2)		South America	Education	493,525	Bank Transfer			FMV
(11	3)		South America	Lucation	11,967				FMV
(11			South America	Health	36,810	Bank Transfer			FMV
(11			Sub-Saharan Africa	Education	52,819	Bank Transfer			FMV
(11			Sub-Saharan Africa	Education	22,055	Bank Transfer			FMV
(11			Sub-Saharan Africa	Water and Sanitation	302,000	Bank Transfer			FMV
(11			Middle East and North Africa	Health	792,748	Bank Transfer			FMV
(11			Middle East and North Africa	Health		Bank Transfer			FMV
(12	20)		Sub-Saharan Africa	Community Development	274,314	Bank Transfer			FMV
(12	:1)		Sub-Saharan Africa	Community Development	276,071	Bank Transfer			FMV
(12	2)			Community Development	278,302	Bank Transfer			FMV
(12	:3)		Sub-Saharan Africa	Community Development	186,841	Bank Transfer			FMV
(12	:4)		Sub-Saharan Africa	Community Development	290,604	Bank Transfer			FMV
(12	:5)			Community Development	146,120				FMV
(12	:6)		Sub-Saharan Africa	Water and Sanitation	329,115				FMV
(12	27)		Sub-Saharan Africa	Water and Sanitation	247,078				FMV
(12	:8)		Sub-Saharan Africa	Water and Sanitation	22,316	Bank Transfer			FMV
(12			Sub-Saharan Africa	Water and Sanitation	26,503	Bank Transfer			FMV
(13			Sub-Saharan Africa	Education	29,261	Bank Transfer			FMV

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Part	Continu	uation of Gran	nts and Other Assis	stance to Organiza	tions or Entities	Outside the United	d States. (Schedul	e 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)
(13	4)		Middle East and North Africa	Health	318,439	Bank Transfer			FMV
(13	<u>, i)</u>		Middle East and North	Health	510,439	Bank Transfer			
(13	2)		Africa		798,607				FMV
(13			Middle East and North Africa	Health	292,653	Bank Transfer			FMV
(13			Middle East and North Africa	Community Development	96,509	Bank Transfer			FMV
(13			Sub-Saharan Africa	Health	34,521	Bank Transfer			FMV
(13			Sub-Saharan Africa	Health	54,387	Bank Transfer			FMV
(13	7)		Europe (Including Iceland and	Protection	21,882	Bank Transfer			FMV
(13			South Asia	Education	1,052,695	Bank Transfer			FMV
(13			South Asia	Education	4,107,318	Bank Transfer			FMV
(14			Sub-Saharan Africa	Health	170,099	Bank Transfer			FMV
(14			Sub-Saharan Africa	Health	51,419	Bank Transfer			FMV
(14			Sub-Saharan Africa	Health		Bank Transfer			FMV
(14			Sub-Saharan Africa	Health	84,057	Bank Transfer			FMV
(14	.4)		Sub-Saharan Africa	Health	86,443	Bank Transfer			FMV
(14	.5)		Sub-Saharan Africa	Health	128,671	Bank Transfer			FMV
(14	.6)		Sub-Saharan Africa	Health	82,647				FMV
(14	.7)		Sub-Saharan Africa	Health	87,374	Bank Transfer			FMV
(14			Sub-Saharan Africa	Protection	62,429	Bank Transfer			FMV
(14			Sub-Saharan Africa	Health	47,376	Bank Transfer			FMV

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	1	nts and Other Assis	-			Ì.		Í
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)
		Sub-Saharan Africa	Water and Sanitation		Bank Transfer			
(150)				179,716				FMV
(454)		Sub-Saharan Africa	Water and Sanitation	225,326	Bank Transfer			
(151)		Sub-Saharan Africa	Water and Sanitation	220,320	Bank Transfer			FMV
(152)				87,711	Bank Hanoloi			FMV
(153)		Sub-Saharan Africa	Water and Sanitation	121,616	Bank Transfer			FMV
(154)		South Asia	Community Development	73,375	Bank Transfer			FMV
(155)		Europe (Including Iceland and	Protection	148,512	Bank Transfer			FMV
(156)		East Asia and the Pacific	Distribution	5,413,848	Bank Transfer			FMV
(157)		East Asia and the Pacific	Health		Bank Transfer			FMV
(158)		East Asia and the Pacific	Health		Bank Transfer			FMV
(159)		East Asia and the Pacific	Protection	47,341	Bank Transfer			FMV
(160)		East Asia and the Pacific	Protection	17,012	Bank Transfer			FMV
(161)		Sub-Saharan Africa	Protection	397,522	Bank Transfer			FMV
(162)		Sub-Saharan Africa	Protection	22,731	Bank Transfer			FMV
(163)		Sub-Saharan Africa	Protection	78,195	Bank Transfer			FMV
(164)		Middle East and North Africa	Education	55,746	Bank Transfer			FMV
(165)		Middle East and North Africa	Protection	102,046	Bank Transfer			FMV
(166)		South Asia	Education	194,962	Bank Transfer			FMV
(167)		East Asia and the Pacific	Health	14,196	Bank Transfer			FMV
(168)		East Asia and the Pacific	Health	69,707	Bank Transfer			FMV

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Part	ill Contin	uation of Grai	nts and Other Assis	stance to Organizat	ions or Entities	Outside the Unite	d States. (Schedul	le F (Form 990), Part I	l, 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)
(4.6	•••		East Asia and the Pacific	Health	47,573	Bank Transfer			
(16	9)		East Asia and the	Health	47,575	Bank Transfer			FMV
(17	' 0)		Pacific		36,607				FMV
(17			East Asia and the Pacific	Protection	6,726	Bank Transfer			FMV
(17			East Asia and the Pacific	Protection	13,025	Bank Transfer			FMV
(17			East Asia and the Pacific	Distribution	6,574,272	Bank Transfer			FMV
(17			Europe (Including Iceland and	Protection	73,955	Bank Transfer			FMV
(17			Sub-Saharan Africa	Health	87,709	Bank Transfer			FMV
(17			Sub-Saharan Africa	Health		Bank Transfer			FMV
(17			Sub-Saharan Africa	Health		Bank Transfer			FMV
(17	,		Sub-Saharan Africa	Health	149,959	Bank Transfer			FMV
(17			Sub-Saharan Africa	Health	100,685	Bank Transfer			FMV
(18			Sub-Saharan Africa	Health	98,299	Bank Transfer			FMV
(18	31)		Sub-Saharan Africa	Health	52,411	Bank Transfer			FMV
(18	32)		Sub-Saharan Africa	Health	17,972	Bank Transfer			FMV
(18	33)		Sub-Saharan Africa	Health	95,170	Bank Transfer			FMV
(18			Sub-Saharan Africa	Water and Sanitation	9,748	Bank Transfer			FMV
(18			Sub-Saharan Africa	Water and Sanitation	2,297,214	Bank Transfer			FMV
(18			Sub-Saharan Africa	Water and Sanitation	44,476	Bank Transfer			FMV
(18			Sub-Saharan Africa	Water and Sanitation		Bank Transfer			FMV

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		nts and Other Assis				ì		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)
		Sub-Saharan Africa	Water and Sanitation		Bank Transfer			
(188)		Sub-Saharan Africa	Water and Sanitation	298,086	Bank Transfer			FMV
(189)		Sub-Saliaran Allica		108,169				FMV
(190)		Europe (Including Iceland and	Protection	209,979	Bank Transfer			FMV
(191)		Sub-Saharan Africa	Health	114,803	Bank Transfer			FMV
(192)		Sub-Saharan Africa	Protection	37,591	Bank Transfer			FMV
(193)		Sub-Saharan Africa	Protection	92,431	Bank Transfer			FMV
(194)		Middle East and North Africa	Protection	14,417	Bank Transfer			FMV
(195)		Middle East and North Africa	Community Development		Bank Transfer			FMV
(196)		Middle East and North Africa	Health		Bank Transfer			FMV
(197)		Middle East and North Africa	Health	306,941	Bank Transfer			FMV
(198)		Middle East and North Africa	Health	87,439	Bank Transfer			FMV
(199)		Middle East and North Africa	Health	46,008	Bank Transfer			FMV
(200)		Middle East and North Africa	Health	65,744	Bank Transfer			FMV
(201)		Middle East and North Africa	Health	7,712	Bank Transfer			FMV
(202)		Middle East and North Africa	Community Development	109,626	Bank Transfer			FMV
(203)		Middle East and North Africa	Community Development	102,268	Bank Transfer			FMV
(204)		Middle East and North Africa	Community Development		Bank Transfer			FMV
(205)		Middle East and North Africa	Community Development	28,566	Bank Transfer			FMV
(206)		Middle East and North Africa	Water and Sanitation	174,561	Bank Transfer			FMV

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	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method o
1 (a) Name of organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV appraisal, other)
		Middle East and North	Water and Sanitation		Bank Transfer			
(207)		Africa		75,484				FMV
		Sub-Saharan Africa	Education		Bank Transfer			
(208)		Cub Cabaran Africa	Watan and Canitatian	17,397	Dault Transfor			FMV
(209)		Sub-Saharan Africa	Water and Sanitation	5,414	Bank Transfer			FMV
(203)		Sub-Saharan Africa	Protection		Bank Transfer			
(210)				162,368				FMV
		Sub-Saharan Africa	Health		Bank Transfer			
(211)				5,300				FMV
		Sub-Saharan Africa	Protection		Bank Transfer			
(212)				29,990				FMV
		Sub-Saharan Africa	Protection		Bank Transfer			
(213)		Europe (Including	Drotostion	5,002	Bank Transfer			FMV
(214)		Europe (Including Iceland and	Protection	212,324				FMV
(214)			Protection		Bank Transfer			
(215)		Iceland and		261,409				FMV
()		South Asia	Distribution	201,100	Bank Transfer			
(216)				76,179				FMV
		South Asia	Water and Sanitation		Bank Transfer			
(217)				47,878				FMV
		Sub-Saharan Africa	Protection		Bank Transfer			
(218)				30,998		-		FMV
(240)		Sub-Saharan Africa	Protection		Bank Transfer			
(219)		Middle East and North	Education	10,105	Bank Transfer			FMV
(220)		Africa		230,754				FMV
(220)		Middle East and North	Protection	200,704	Bank Transfer			
(221)		Africa		22,818				FMV
`		Middle East and North	Education		Bank Transfer			
(222)		Africa		27,929				FMV
		Middle East and North	Education		Bank Transfer			
(223)		Africa		24,462				FMV
		Sub-Saharan Africa	Education		Bank Transfer			
(224)				44,433				FMV
		Sub-Saharan Africa	Protection		Bank Transfer			

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Part	t II Contin	uation of Grai	nts and Other Assis	stance to Organizat	tions or Entities	Outside the Unite	d States. (Schedul	le F (Form 990), Part I	l, 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)
(0)			Sub-Saharan Africa	Protection	10.242	Bank Transfer			
(22	26)		Sub-Saharan Africa	Protection	10,343	Bank Transfer			FMV
(22	27)			1 101001011	258,202				FMV
(22			South America	Protection	5,201	Bank Transfer			FMV
(22			Sub-Saharan Africa	Water and Sanitation	15,970	Bank Transfer			FMV
(23			Sub-Saharan Africa	Community Development	409,899	Bank Transfer			FMV
(23			Sub-Saharan Africa	Community Development	85,270	Bank Transfer			FMV
(23			Sub-Saharan Africa	Community Development	203,883	Bank Transfer			FMV
(23			East Asia and the Pacific	Health		Bank Transfer			FMV
(23			East Asia and the Pacific	Health		Bank Transfer			FMV
(23	35)		East Asia and the Pacific	Health	243,653	Bank Transfer			FMV
(23	36)		East Asia and the Pacific	Health	1,202,056	Bank Transfer			FMV
(23	37)		East Asia and the Pacific	Health	718,981	Bank Transfer			FMV
(23	38)		East Asia and the Pacific	Health	99,571	Bank Transfer			FMV
(23	39)		East Asia and the Pacific	Health	957,242	Bank Transfer			FMV
(24	40)		Sub-Saharan Africa	Protection	26,800				FMV
(24	41)		East Asia and the Pacific	Protection	13,505	Bank Transfer			FMV
(24			East Asia and the Pacific	Protection	13,815	Bank Transfer			FMV
(24			East Asia and the Pacific	Protection	22,873	Bank Transfer			FMV
(24			Sub-Saharan Africa	Education	12,857	Bank Transfer			FMV

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Part			nts and Other Assis	Ŧ	1		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)
(24	E)		East Asia and the Pacific	Health	91,202	Bank Transfer			FMV
(24	5)			Protection	91,202	Bank Transfer			
(24	6)		Pacific		43,882				FMV
(24			East Asia and the Pacific	Protection	31,504	Bank Transfer			FMV
(24			Middle East and North Africa	Protection	257,209	Bank Transfer			FMV
(24			Middle East and North Africa	Protection	244,952	Bank Transfer			FMV
(25			Sub-Saharan Africa	Community Development	20,795	Bank Transfer			FMV
(25	1		Sub-Saharan Africa	Protection	55,986	Bank Transfer			FMV
(25	·		East Asia and the Pacific	Protection	51,277	Bank Transfer			FMV
(25			East Asia and the Pacific	Protection	63,949	Bank Transfer			FMV
(25	4)		East Asia and the Pacific	Protection	23,743	Bank Transfer			FMV
(25			Sub-Saharan Africa	Community Development	49,637	Bank Transfer			FMV
(25			Sub-Saharan Africa	Health	71,754	Bank Transfer			FMV
(25	7)		Sub-Saharan Africa	Community Development	17,267	Bank Transfer			FMV
(25	8)		Sub-Saharan Africa	Community Development	11,926	Bank Transfer			FMV
(25	9)		Sub-Saharan Africa	Community Development	16,953	Bank Transfer			FMV
(26	0)		Sub-Saharan Africa	Community Development	17,440	Bank Transfer			FMV
(26			Sub-Saharan Africa	Health	28,550	Bank Transfer			FMV
(26			Sub-Saharan Africa	Health	16,892	Bank Transfer			FMV
(26			Middle East and North Africa	Community Development	15,300	Bank Transfer			FMV

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Part II	Continu	ation of Gran	nts and Other Assis	stance to Organizat	tions or Entities	Outside the Unite	d States. (Schedul	le F (Form 990), Part I	, line 1)
1 (a) Nar organiz		(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)			Middle East and North Africa	Community Development	63,162	Bank Transfer			FMV
(265)			Middle East and North Africa	Community Development	46,198	Bank Transfer			FMV
(266)			Middle East and North Africa	Community Development	55,702	Bank Transfer			FMV
(267)			Middle East and North	•	24,970	Bank Transfer			FMV
(268)			Middle East and North Africa	Community Development	155,449	Bank Transfer			FMV
(269)			Middle East and North Africa	Community Development	171,458	Bank Transfer			FMV
(270)			Middle East and North Africa	Community Development	146,983	Bank Transfer			FMV
(271)			Middle East and North Africa	Community Development	125,621	Bank Transfer			FMV
(272)			Middle East and North Africa		79,121	Bank Transfer			FMV
(273)			Middle East and North Africa	Health	158,619	Bank Transfer			FMV
(274)			Middle East and North Africa	Health	95,555	Bank Transfer			FMV
(275)				Health	38,725	Bank Transfer			FMV
(276)			Iceland and	Protection	14,595				FMV
(277)			Iceland and	Protection	42,381	Bank Transfer			FMV
(278)			Iceland and	Protection	12,187	Bank Transfer			FMV
(279)			Iceland and	Protection	54,845				FMV
(280)			Iceland and	Protection	171,017	Bank Transfer			FMV
(281)				Protection	31,615				FMV
(282)			South Asia	Water and Sanitation	8,495	Bank Transfer			FMV

INTERNATIONAL RESCUE COMMITTEE, INC

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Part	ll Contin	uation of Gran	nts and Other Assis	stance to Organizat	tions or Entities	Outside the Unite	d States. (Schedu	le F (Form 990), Part I	l, 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)
(28	2)		Sub-Saharan Africa	Protection	48,235	Bank Transfer			FMV
(20	5)		Sub-Saharan Africa	Protection		Bank Transfer			
(28	34)				113,818				FMV
(28	5)		Sub-Saharan Africa	Protection	352,053	Bank Transfer			FMV
(28	6)		Sub-Saharan Africa	Protection	31,136	Bank Transfer			FMV
(28			Sub-Saharan Africa	Protection		Bank Transfer			FMV
(28			Sub-Saharan Africa	Protection	49,386	Bank Transfer			FMV
(28			Sub-Saharan Africa	Protection	30,556	Bank Transfer			FMV
(29	,		Sub-Saharan Africa	Protection		Bank Transfer			FMV
(29			Sub-Saharan Africa	Protection		Bank Transfer			FMV
(29	,		Sub-Saharan Africa	Protection	,	Bank Transfer			FMV
(29	3)		Sub-Saharan Africa	Protection	115,944	Bank Transfer			FMV
(29			Sub-Saharan Africa	Water and Sanitation	20,731	Bank Transfer			FMV
(29	15)		South America	Education	18,328	Bank Transfer			FMV
(29	16)		South Asia	Water and Sanitation	147,150	Bank Transfer			FMV
(29	17)		South Asia	Water and Sanitation	115,460	Bank Transfer			FMV
(29			East Asia and the Pacific	Protection		Bank Transfer			FMV
(29			East Asia and the Pacific	Protection		Bank Transfer			FMV
(30			East Asia and the Pacific	Community Development	1,137,148	Bank Transfer			FMV
(30			East Asia and the Pacific	Protection		Bank Transfer			FMV

INTERNATIONAL RESCUE COMMITTEE, INC

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1 (a) Name of	(b) IRS code	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method o
organization	section and EIN (if applicable)		grant	cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV appraisal, other)
(202)		Middle East and North Africa	Health	38,910	Bank Transfer			FMV
(302)		Sub-Saharan Africa	Health	,	Bank Transfer			
(303)			Tioular	21,747				FMV
(304)		Europe (Including Iceland and	Protection	57,011	Bank Transfer			FMV
(305)		Europe (Including Iceland and	Protection		Bank Transfer			FMV
(306)		Middle East and North Africa	Protection	82,985	Bank Transfer			FMV
(307)		Middle East and North Africa	Protection	40,358	Bank Transfer			FMV
(308)		Sub-Saharan Africa	Community Development	10,921	Bank Transfer			FMV
(309)		Middle East and North Africa	Health	228,546	Bank Transfer			FMV
(310)		Sub-Saharan Africa	Water and Sanitation	25,612	Bank Transfer			FMV
(311)		Europe (Including Iceland and	Protection	76,242	Bank Transfer			FMV
(312)		Sub-Saharan Africa	Education	37,510	Bank Transfer			FMV
(313)		Sub-Saharan Africa	Protection	23,547	Bank Transfer			FMV
(314)		Middle East and North Africa	Health	304,172	Bank Transfer			FMV
(315)		Sub-Saharan Africa	Community Development	8,448				FMV
(316)		Sub-Saharan Africa	Water and Sanitation	7,533	Bank Transfer			FMV
(317)		South America	Health	13,087	Bank Transfer			FMV
(318)		South Asia	Community Development	57,904	Bank Transfer			FMV
(319)		Sub-Saharan Africa	Protection	79,820	Bank Transfer			FMV
(320)		South America	Protection		Bank Transfer			FMV

INTERNATIONAL RESCUE COMMITTEE, INC

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1 (a) Nar	me of (b) IRS	code (c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method o
organiz		nd EIN	grant	cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FMV appraisal, other)
(004)		South America	Protection		Bank Transfer			
(321)		Europe (Including	Protection	10,800	Bank Transfer			FMV
(322)		Iceland and	Totection	16,246				FMV
(323)		Europe (Including Iceland and	Protection	13,839	Bank Transfer			FMV
(324)		Europe (Including Iceland and	Protection	13,870	Bank Transfer			FMV
(325)		Europe (Including Iceland and	Protection		Bank Transfer			FMV
(326)		Europe (Including Iceland and	Protection	6,900	Bank Transfer			FMV
(327)		Europe (Including Iceland and	Protection	9,000	Bank Transfer			FMV
(328)		Middle East and North Africa	Community Development	58,419	Bank Transfer			FMV
(329)		Middle East and North Africa	Community Development	59,758	Bank Transfer			FMV
(330)		Middle East and North Africa	Health	98,406	Bank Transfer			FMV
(331)		East Asia and the Pacific	Health	51,569	Bank Transfer			FMV
(332)		Sub-Saharan Africa	Community Development	10,000	Bank Transfer			FMV
(333)		Europe (Including Iceland and	Protection	18,637	Bank Transfer			FMV
(334)		Europe (Including Iceland and	Protection	15,423	Bank Transfer			FMV
(335)		Sub-Saharan Africa	Community Development	28,000	Bank Transfer			FMV
(336)		Sub-Saharan Africa	Community Development	57,060	Bank Transfer			FMV
(337)		Sub-Saharan Africa	Health	11,271	Bank Transfer			FMV
(338)		Middle East and North Africa	Health		Bank Transfer			FMV
(339)		Europe (Including Iceland and	Protection	11,395	Bank Transfer			FMV

INTERNATIONAL RESCUE COMMITTEE, INC

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Part II Contin	uation of Gran	nts and Other Assis	tance to Organiza	tions or Entities	Outside the United	d States. (Schedu	le 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)		Europe (Including Iceland and	Protection	32,903	Bank Transfer			FMV
		Europe (Including	Protection		Bank Transfer			FMV
(341)			Protection	10,164	Bank Transfer			FMV
(343)			Protection		Bank Transfer			FMV
(344)			Protection		Bank Transfer			FMV
(345)		Middle East and North	Protection		Bank Transfer			FMV
(346)			Health	,	Bank Transfer			FMV
(347)		East Asia and the Pacific	Health		Bank Transfer			FMV
(348)		South America	Protection	,	Bank Transfer			FMV
(349)		South America	Protection		Bank Transfer			FMV
(350)		Sub-Saharan Africa	Community Development		Bank Transfer			FMV
(351)		Sub-Saharan Africa	Protection		Bank Transfer			FMV
(352)		Europe (Including Iceland and	IRC Affilates		Bank Transfer			FMV
(353)		Europe (Including Iceland and	IRC Affilates	6,605,164	Bank Transfer			FMV
(354)								
(355)								
(356)								
(357)								
(358)								

INTERNATIONAL RESCUE COMMITTEE, INC

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	(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,
	HEALTH CARE	South America						other)
(19)				755,914				
	OTHER ASSISTANCE	South America						
20)				26,570				
21)	PROGRAM SUPPLIES & MATERIAL	South America		155,819				
	SERVICE CONTRACTS	South America						
22)				16,938				
(23)	EDUCATION MATERIALS	South America		180,831				
	PROGRAM SUPPLIES & MATERIAL	Europe (Including Iceland and Greenland)		88,319				
	SERVICE CONTRACTS	Europe (Including Iceland and Greenland)		18,914				
,	EDUCATION MATERIALS	Europe (Including Iceland		- /				
26)		and Greenland)		17,255				
	CASH ASSISTANCE	Middle East and North Africa						
27)				14,027,333				
28)	HEALTH CARE	Middle East and North Africa		3,998,584				
29)	OTHER ASSISTANCE	Middle East and North Africa		1,632,327				
23)	PROGRAM SUPPLIES &	Middle East and North Africa		1,002,027			PROGRAM SUPPLIES 8	
30)	MATERIAL			11,406,967		149.001	MATERIAL	FMV
31)	SERVICE CONTRACTS	Middle East and North Africa		629,890				
• • •	EDUCATION MATERIALS	Middle East and North Africa		020,000				
32)				106,986				
(33)								
(34)								
(35)								
(36)								
(37)								

SCHEDULE G (Form 990 or 990-EZ)	Supplemental Complete if th	-	OMB No. 1545-0047				
Department of the Treasury Internal Revenue Service	► Go			90 or Form 99 structions and	0-EZ. I the latest information.		Open to Public Inspection
Name of the organization						Employer identificati	
INTERNATIONAL RESC						13-56	
					ered "Yes" on Fo	rm 990, Part IV, li	ne 17.
	EZ filers are not				g activities. Check	all that apply	
 a X Mail solicitation b X Internet and e c Phone solicitation d X In-person soli 2a Did the organization key employees listication b If "Yes," list the 1000000000000000000000000000000000000	ons Imail solicitations Itions citations on have a written o Ited in Form 990, F	or oral agreeme Part VII) or entity viduals or entitie	e X S f X S g X S nt with any	olicitation o olicitation o pecial fund individual tion with pr	of non-government (of government grant raising events (including officers, o ofessional fundrais	grants s directors, trustees,	X Yes No Iraiser is to be
(i) Name and address or entity (fundr		(ii) Activity	custody o	draiser have r control of putions?	(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		Direct mail					
212 S.Chester Rd. Swar 2 FURTHER, LLC.	thmore PA 19081	Consultant Advertising		Х	0	979,798	0
181 Harry S. Truman Pk	wy, Ste 265, Anna	Auventising		х	0	959,011	0
3 GOTT ADVERTISIN	G LLC	Digital					
191 Skyview Way San F 4 PUBLIC INTEREST				Х	0	145,000	0
7700 Leesburg Pike Ste				х	0	142,890	0
5 BLUE STATE DIGIT	AL	Digital					
101 6th Ave New York N 6	Y 10013	Fundraising		Х	0	210,500	0
0					0	0	0
7							
8					0	0	0
0					0	0	0
9							
10					0	0	0
10					0	0	0
		on is registered	or license	► d to solicit d	0 contributions or has	2,437,199 been notified it is e	0 xempt from
registration or lice AK, AL, AR, CA, CO, CT , OH, OK, OR, PA, RI, S	, DC, FL, GA, HI, I		<u>MA, MD, M</u>	IE, MI, MN,	<u>MS, NC, ND, NH, </u>	NJ, NM, NY	
	_				·		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $\ensuremath{\mathsf{HTA}}$

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.

		Ŭ.	(a) Event #1 Rescue Dinner	(b) Event #2 Seattle fundraising	(c) Other events	(d) Total events (add col. (a) through col. (c))			
an			(event type)	(event type)	(total number)	(- <i>n</i>			
Revenue	1	Gross receipts	570,000	17,253	80,961	668,214			
R		 Less: Contributions Gross income (line 1 minus 	570,000	17,253	80,961	668,214			
		line 2)	0	0	0	0			
	4	4 Cash prizes			0	0			
	Ę	Noncash prizes			0	0			
enses	e	6 Rent/facility costs			0	0			
Direct Expenses	7	7 Food and beverages			0	0			
Direc	8	B Entertainment			0	0			
	ç	Other direct expenses	230,675	1,788	19,703	252,166			
De	10 11 art 1	Net income summary. Subtrac	ct line 10 from line 3, colu	mn (d)		(<u>252,166)</u> -252,166			
Γc		than \$15,000 on Form		led res on Form 990	, Fait IV, inte 19, 01 to	eponed more			
anı			(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		Singo progradina Singo		0			
ses	2	Cash prizes				0			
Direct Expenses	3	Noncash prizes				0			
Direct	4	Rent/facility costs				0			
	5	Other direct expenses				0			
	6	Volunteer labor	☐ Yes% ☐ No	Yes% No	Yes <u>%</u> No				
	7	Direct expense summary. Add	d lines 2 through 5 in colu	mn (d)	••••••••	(0)			
	8	Net gaming income summary	. Subtract line 7 from line	1, column (d)		0			
 8 Net gaming income summary. Subtract line 7 from line 1, column (d)									
10		Were any of the organization's ga If "Yes," explain:	during the tax year?	YesNo					

Schedule G (Form 990 or 990-EZ) 2019

Sched	ule G (Form 990 or 990-EZ) 2019 INTERNATIONAL RESCUE COMMITTEE, INC	13-	5660870	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	[Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books ar records:	ld		
	Name ►			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming	Г		٦
b	revenue?	· · L	Yes	No
N N	amount of gaming revenue retained by the third party \blacktriangleright \$0			
с	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	F		-
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year b \$			0
Part		s (iii) a	nd (v): an	
i ai c	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona	• •	. ,	-
	See instructions.			
	I Line 6, 7 and 9 In the reporting fiscal year, due to Covid-19 pandemic, the was no			
	rson fundraising event. Therefore, there was no rent/facility cost or food and			
beve	rage charges			
				·

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

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

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for the latest information.

2019 Open to Public Inspection

Employer identification number

13-5660870

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Part I General Information on Grants and Assistance

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							Anti-Trafficking
P.O. Box 14047 Seattle, WA 98114	91-1674016	501 (C) (3)	48,635				
(2) YouthCare							Anti-Trafficking
2500 NE 54th Street Seattle, WA 9810	91-0917079	501 (C) (3)	100,807				
(3) WEAVE,INC							Anti-Trafficking
2020 Hurley Way Sacramento, CA 958	94-2493158	501 (C) (3)	94,164				
(4) Catholic Charities Of Northeast Ka							Refugee Programs
9720 West 87th Street Overland Park,	48-1181305	501 (C) (3)	394,857				
(5) Catholic Charities Of The Texas Pa							Refugee Programs
2801 Duniven Circle Amarillo, TX 7910	75-0818147	501 (C) (3)	370,409				
(6) Catholic Charities Diocese Of Can							Refugee Programs
1845 Haddon Avenue Camden, NJ 08	22-3759994	501 (C) (3)	79,072				
(7) Church World Services Inc.							Refugee Programs
475 Riverside Dr. STE 700 New York,	13-4080201	501 (C) (3)	472,377				
(8) Jewish Family Service Of Los Ange							Refugee Programs
3580 Wilshire Blvd Ste 700 Los Angele	95-1691013	501 (C) (3)	8,250				
(9) Refugee Services Of Texas Inc.							Refugee Programs
9241 Lyndon B. Johnson Freeway Ste	75-1618251	501 (C) (3)	127,204				
(10) SAINT FRANCIS COMMUNITY SE							Refugee Programs
509 East Elm Street. Salina, KS 67401	48-0543809	501 (C) (3)	184,582				
(11) Jewish Vocational Service of Metro							Refugee Programs
111 Prospect street East Orange, NJ 0	22-1487229	501 (C) (3)	97,073				
(12) Washington Elementary School Dis							Refugee Programs
4650 West Sweetwater Glendale, Az 8	86-6000484		48,545				
2 Enter total number of section		•					26
3 Enter total number of other o	rganizations list	ed in the line 1 table					4

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

HTA

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Part III

Page **2**

(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
Community Integeration					
	0	123,764	0		
Economic Empowerment					Clothing and household items
	0	2,349,473	396,831		
Education Program					
	0	233,785	0		
Health programming	0	820,285	78,314		Health supplies
immigration Service	0	020,203	70,314		
	0	260,510	0		
Matching Grant Programs		200,010			Clothing and household items
	0	3,675,856	535,351		Ũ
Resettlement Programs					Clothing and household items
	0	11,892,058	347,701		
rt IV Supplemental Information. Pro	ovide the information re	quired in Part I, line	e 2; Part III, column	(b); and any other add	litional information.
bgrantee, the signing of the grant agreement a					
rt I Line 1 IRC maintains records of all grants n bgrantee, the signing of the grant agreement a ports as required per the grant agreement. rt I Line 2 IRC has detailed required procedure	nd throughout the activity v	vith the submission of	f periodic financial and	programmatic	
bgrantee, the signing of the grant agreement a ports as required per the grant agreement.	nd throughout the activity v	vith the submission of	f periodic financial and	programmatic	
bgrantee, the signing of the grant agreement a ports as required per the grant agreement. rt I Line 2 IRC has detailed required procedure	nd throughout the activity v es for monitoring the use of oring, visits, phones contac	vith the submission of funds within the US i cts as well as capacity	f <u>periodic financial and</u> ncluding but not limited y building as required.	programmatic	
bgrantee, the signing of the grant agreement a ports as required per the grant agreement. rt I Line 2 IRC has detailed required procedure ogrammatic and financial reports, on-site monit	nd throughout the activity v es for monitoring the use of oring, visits, phones contac al for the year. During 2020	vith the submission of funds within the US i cts as well as capacity), in the United States	f periodic financial and ncluding but not limited y building as required.	programmatic	
bgrantee, the signing of the grant agreement a ports as required per the grant agreement. It I Line 2 IRC has detailed required procedure ogrammatic and financial reports, on-site monit rt III Line B Number of recipients is noted it tota	nd throughout the activity v es for monitoring the use of oring, visits, phones contac al for the year. During 2020	vith the submission of funds within the US i cts as well as capacity), in the United States	f periodic financial and ncluding but not limited y building as required.	programmatic	
bgrantee, the signing of the grant agreement a ports as required per the grant agreement. It I Line 2 IRC has detailed required procedure ogrammatic and financial reports, on-site monit rt III Line B Number of recipients is noted it tota 95 newly arrived refugees and provided service	nd throughout the activity v es for monitoring the use of oring, visits, phones contac al for the year. During 2020	vith the submission of funds within the US i cts as well as capacity), in the United States	f periodic financial and ncluding but not limited y building as required.	programmatic	
bgrantee, the signing of the grant agreement a ports as required per the grant agreement. It I Line 2 IRC has detailed required procedure ogrammatic and financial reports, on-site monit rt III Line B Number of recipients is noted it tota 95 newly arrived refugees and provided service	nd throughout the activity v es for monitoring the use of oring, visits, phones contac al for the year. During 2020	vith the submission of funds within the US i cts as well as capacity), in the United States	f periodic financial and ncluding but not limited y building as required.	programmatic	
bgrantee, the signing of the grant agreement a ports as required per the grant agreement. It I Line 2 IRC has detailed required procedure ogrammatic and financial reports, on-site monit rt III Line B Number of recipients is noted it tota 95 newly arrived refugees and provided service	nd throughout the activity v es for monitoring the use of oring, visits, phones contac al for the year. During 2020	vith the submission of funds within the US i cts as well as capacity), in the United States	f periodic financial and ncluding but not limited y building as required.	programmatic	
bgrantee, the signing of the grant agreement a ports as required per the grant agreement. It I Line 2 IRC has detailed required procedure ogrammatic and financial reports, on-site monit rt III Line B Number of recipients is noted it tota 95 newly arrived refugees and provided service	nd throughout the activity v es for monitoring the use of oring, visits, phones contac al for the year. During 2020	vith the submission of funds within the US i cts as well as capacity), in the United States	f periodic financial and ncluding but not limited y building as required.	programmatic	

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Continuation Sheet for Schedule I (Form 990)

Page Employer identification number

13-5660870

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Part II Continuation of Grants a	and Other Ass	sistance to Gov	ernments and O	ganizations in t	the United States	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 non-cash assistance	(h) Purpose of grant or assistance
(13) Glendale Elementary School District							Refugee Programs
7301 N, 58th Avenue Glendale, Az 85301	86-6000498		36,923				
(14) Phoenix Dream Center							Anti-Trafficking
3210 NW Grand Avenue Phoenix, Az 85017	86-1001113	501 (C) (3)	50,675				
(15) Streetlightusa							Anti-Trafficking
PO Box 6178 Peoria, AZ 85385	26-4359672	501 (C) (3)	25,597				
(16) Alhambra Elementary School District							Refugee Programs
6615 North 39th Avenue Phoenix, Az 85019	86-6000510	501 (C) (3)	50,000				
(17) Lutheran Immigration and Refugee Servi							Refugee Programs
700 Light Street Baltimore, MD 21230	13-2574854	501 (C) (3)	168,988				
(18) Catholic Charities of the Archdiocese of N							Refugee Programs
590 N 7th St Newark, NJ 07107	22-2164120	501 (C) (3)	91,847				
(19) Survive and Thrive Advocacy Center, Inc							Refugee Programs
2121 Delta Blvd Tallahassee, FL 32303	47-3189855	501 (C) (3)	81,171				
(20) IRC'S Center for Economic Opportunity							Refugee Programs
122 East 42nd street New York, NY 10168	45-3686069	501 (C) (3)	554,044				
(21) Refugee Transitions (RT),							Refugee Programs
870 Market Street, Suite 718 San Francisco, 0	94-3112099	501 (C) (3)	66,000				
(22) Catholic Charities of Southwest Kansas							Refugee Programs
906 Central Ave Dodge City, KS 67801	48-0697602	501 (C) (3)	79,219				
(23) Bethel Neighborhood Center							Refugee Programs
14 S. 7th St. Trafficway Kansas City, KS 6610	23-7098818	501 (C) (3)	31,101				
(24) Cicatelli Associates, Inc.							Refugee Programs
505 eighth avenue , Suite 1600 New York, NY	13-3020576	501 (C) (3)	7,000				
(25) Glendale Union High School District							Refugee Programs
7650 N 43rd Avenue Glendale, AZ 85301	74-2490334		41,090				
(26) Interfaith-RISE							Refugee Programs
19 South 2nd Avenue Highland Park, NJ 0890	20-5012410	501 (C) (3)	93,851				
(27) Real Escape From The Sex Trade							Anti-Trafficking
1200 S.192nd St, Suite 101 SeaTac, WA 9814	45-3531020	501 (C) (3)	62,135				
(28) University of Denver							Anti-Trafficking
2601 E. Colorado Ave., 1st Floor Denver, CO	84-0404231		43,598				
(29) Yolo Food Bank							Refugee Programs
233 Harter Ave Woodland, CA 95776	23-7111782	501 (C) (3)	9,653				

of 2 1

Continuation Sheet for Schedule I (Form 990)

Page 2 of 2 Employer identification number

13-5660870

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Part II Continuation of Grants a	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			
(30) Advocates for Youth							Refugee Programs			
1325 G street , Suite 980 Washington DC, DC	52-1173590	501 (C) (3)	14,044							
(31)										
(32)										
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(46)										

Continuation Sheet for Schedule I (Form 990)

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Page 1 of 1 Employer identification number 13-5660870

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										
_ 9										
_10										
_11										
12										
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(from 980) For certain Officers, Directors, Trustees, Key Employees, and Highest Compete the organization answered "Ves" on Form 990, Part IV, line 23. Complete the organization answered "Ves" on Form 990, Part IV, line 23. Complete the organization answered "Ves" on Form 990, Part IV, line 23. Complete the organization Second the organization answered "Ves" on Form 990, Part IV, line 23. Complete the organization Second the organization answered "Ves" on Form 990, Part IV, line 23. Second the organization Second the organization provided any of the following to or for a person listed on Form Second the organization provided any of the following to or for a person listed on Form Second the organization provided any of the following to or for a person listed on Form Second the organization provided any of the following to or for a person listed on Form Second the organization provided any of the following to or for a person listed on Form Second the organization of the organization follow a written policy regarding payment Travial for companians Travial fore companins Travial for companians Travial	SCHEDULE J Compensation Information					OMB No. 1545-0047		
Department of the Treasury internal Revears Since If the organization answered "Yes" on Form 990, Part IV, line 23. Part Mark 100-10 Form 930. Part IV, line 23. Part Mark 100-10 Form 930. Part IV, line 23. Part Mark 100-100 Form 930. Part IV, line 23. Part Mark 100-100 Form 930. Part IV, line 23. Part Mark 100-100 Form 930. Part VII. Sector A, line 1a, Complete Part III to provide any of the following to or for a person listed on Form 990. Part VII. Sector A, line 1a, complete Part III to provide any of the following advance or residence for personal residence (personal residence) Part Part III to provide any of the following to a personal residence (personal residence) Part Part III to provide any of the following to a contain the second line or initiation feast and for a personal insection and gross-up payments in the statist information regarding these items. 1 1 2 Did the organization and gross-up payments in the second line difference difference in the second line difference diff	(Forn	n 990)			est	୭୩	1	Q
Department Network					e 23		•∎ و	5
Name & the organization Employer identification number 13-5600370 Part I Questions Regarding Compensation Provide any relevant information regarding these teams. 1a Check the appropriate box(ea) if the organization provide any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Compelie Part III to provide any relevant information regarding these teams. Image: Compensation to the appropriate team information regarding the personal use Particulates or charter travel Paryments for business or charter travel Paryments for business or charter travel Paryments for possible Part III to explain. Image: Compensation for Paryments for possible Part III to explain. Image: Compensation for Paryments for possible Part III to explain. 2 Dif the organization of all of the expenses described above? If Not, "complete Part III to explain. Image: Compensation of the explain. Image: Compensation of the explain. 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization Committee Mitten employment contract Image: Compensation committee 4 During the year, did any person listed on Form 900, Part VII, Section A, line 1a, with respect to the filing organization or a related organization? Image: Compensation committee 4 During the year, did any person listed on Form 900, Part VII, Section A, line 1a, did the organization pary or accrue any compensation complementation, an equity-based compensation pary or accrue any compensation committee Image:				Attach to Form 990.				
INTERNATIONAL RESCUE COMMITTEE. INC 13-5660870 Part Questions Regarding Companisation Yes No 1a Check the appropriate box(es) if the organization provide any of the following to or for a person listed on Form 500, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding parameter to provision of all of the expenses described above? If "No," complete Part III to provide any relevant information regarding parameter to provision of all of the expenses described above? If "No," complete Part III to provide any relevant information regarding parameter or provision of all of the expenses described above? If "No," complete Part III to provide any bases to methods used by a related organization frequire substantiation prior to reimbursing or allowing expenses incurred by all directors, including the CEO/Executive Director, regarding the items checked on line 1a". 10 X 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, including the CEO/Executive Director, regarding the items checked on line 1a". 10 X 3 indicate which, If any, of the following the organization suce to establish the compensation or the organization SEO/Executive Director, regarding the items checked on line 1a". 10 X 4 During the year, did any person listed on Form 90, Part VII, Section A, line 1a, with respect to the filing organizations or a related organization: 40 X 4 During the year, did any person listed on Form 90, Part VII, Section A, line 1a, did the organization pa			Go to www.irs.gov/Form				ectio	Π
211 Questions Regarding Componsation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 900, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or chafter travel Yes how the information and gross-up payments First-class or chafter travel Payments for business use of personal residence for personal use Payments for business use of personal residence for personal to develop within the fees Zi Tarvi for companions Personal services (such as maid, chauffeur, cheft) Ji If duration of the boxes on line 1a are checkel, 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 2 Did the organization trequire substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CED/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization or satishic compensation or assistilian consultant Compensation committee Written employment contract Query and the boxe on the following the organization Compensation consultant Query and the person site on formoge 90, Part VII, Section		Ū.	CUE COMMITTEE, INC					
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990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these litems.	4-		······································	i de la come	- t - d - u - F - u - v		Yes	No
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Travel for companions Payments for business use of personal residence Travindemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, cher) 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. 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? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization to SEO/Executive Director. Nut explain in Part III. \[\] Compensation committee \[\] Written employment contract \[\] Independent compensation consultant \[\] Compensation are related organization: \[\] Participate in, or receive payment form, an equity-based compensition arrangement? 4a 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? 4a a Receive a severance payment form, an equity-based compensition arrangement? 4a X D Part VII, Section A, line 1a, did the organization pay or accrue any compensition contingent the applicable annoush fore each l								
Discretionary spending account 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 to provision of all of the expenses described abov? If "No" complete Part III to explain. 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? 1b X 3 Indicate which, if any, of the following the 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. Z 3 Indicate which, if any, of the following the organization used to establish the compensation committee Writen employment ortact X Compensation committee Writen employment ortact 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 are related pragmication as augelemental nonqualified reliment plan? 4a X 4 During the year, did any person listed on Form 990, Part VII. Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X 5 For persons listed on Form		Travel for con	npanions	Payments for business use of personal	al residence			
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a Receive a severance payment or change-of-control payment? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X d b X 4c X d Drive section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. 5 For persons listed on Form 900, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a X a The organization? 5a X 5b X ff "Yes" on line 5a or 5b, describe in Part III. 6a X 6b X ff "Yes" on line 6a or 6b, describe in Part III. 6a X 6b X ff "Yes" on line 6a or 6b, describe in Part III. 6a X 6b X ff "Yes" on line 6a or 6b, describe in Part III. 7 X 6b X fi "Yes" on line 6a or 6b, describe in Part III. 7 X 6b X fi "Yes" on line 6a or 6b, describe in Part III. 7 X 6b X fi "Yes" on line 6	4			art VII, Section A, line 1a, with respect to the	; filing			
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 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: 5a X a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 6a X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 K 6b X 8 Were any amounts reported on Form 990, Part VII, section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part	а	Receive a severa	nce payment or change-of-control pa			4a		Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 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? compensation contingent on the revenues of: 5a a The organization? if "Yes" on line 5a or 5b, describe in Part III. 5b 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization? 6a b Any related organization? 6a compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 7 X gayments 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 <							Х	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? b Any related organization? compensation contingent on the net earnings of: 5a a The organization? compensation contingent on the net earnings of: 6a a The organization? b Any related organization? compensation contingent on the net earnings of: 6a a The organization? d May related organization? d If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? g 9	С					4C		X
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? 5a X b Any related organization? 5b X 5b X compensation contingent on the net evenues of: a The organization? 5b X b Any related organization? 5b X 5b X compensation contingent on the net earnings of: a The organization? 6a X compensation?		in roo to any or						
compensation contingent on the revenues of: 5a a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 5a a The organization? 6a b Any related organization? 6a compensation contingent on the net earnings of: 6b a The organization? 6a b Any related organization? 6a f "Yes" on line 6a or 6b, describe in Part III. 6b 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 Schedule J (Form 990) 2019	-							
a The organization? 5a X b Any related organization? 5b X if "Yes" on line 5a or 5b, describe in Part III. 5b X 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a X a The organization? 6a X b Any related organization? 6a X compensation contingent on the net earnings of: 6a X b Any related organization? 6a X b Any related organization? 6a X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 Schedule J (Form 990) 2019	5			he 1a, did the organization pay or accrue an	Y			
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? d da a x 6b x 6b x 6b x 6b x 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 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. a a b c c d d d 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? d d 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? d d d d d d d d d<td>а</td><td></td><td></td><td></td><td></td><td>5a</td><td></td><td>Х</td>	а					5a		Х
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? Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 6a 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 6b X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9	b	, ,				5b		Х
a The organization contingent on the net earnings of: 6a X b Any related organization? 6b X b Any related organization? 6b X f "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2019		If "Yes" on line 5a	a or 5b, describe in Part III.					
a The organization? 6a X b Any related organization? 6b X if "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2019	6	For persons liste	d on Form 990, Part VII, Section A, lir	ne 1a, did the organization pay or accrue an	у			
b Any related organization? 6b X If "Yes" on line 6a or 6b, describe in Part III. 6b X 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2019		compensation co	ntingent on the net earnings of:					
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III								X X
payments not described on lines 5 and 6? If "Yes," describe in Part III	2					•		
payments not described on lines 5 and 6? If "Yes," describe in Part III	-			a to did the executive wavelet and	ived			
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	1					7	x	
in Part III	8	Were any amoun	ts reported on Form 990, Part VII, pa	id or accrued pursuant to a contract that wa	s subject		~	
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2019								•
Regulations section 53.4958-6(c)? 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2019		in Part III...				8		Х
Regulations section 53.4958-6(c)? 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2019	9	If "Yes" on line 8	did the organization also follow the r	ebuttable presumption procedure described	in			
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 990) 2019						9		
	For P					iedule J (I	Form 99	0) 2019

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.

			f W-2 and/or 1099-MI						
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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	
David Miliband	(i)	775,000	50,000	195,166	29,400	23,559	1,073,125	0	
1 Dir/CEO/Pres	(ii)	0	0	0	0	0	0	0	
Oscar Raposo	(i)	404,076	0	0	29,400	23,247	456,723	0	
2 CFO, SVP Finance, Treasurer	(ii)	0	0	0	0	0	0	0	
Ricardo Castro	(i)	365,778	0	0	29,400	17,250	412,428	0	
3 General Counsel, Secretary	(ii)	0	0	0	0	0	0	0	
Ciaran Donnelly	(i)	340,830	0	0	29,400	17,126	387,356	0	
4 SVP International Programs	(ii)	0	0	0	0	0	0	0	
Jennifer Sime	(i)	373,484	0	0	32,200	9,190	414,874	0	
5 SVP US Programs	(ii)	0	0	0	0	0	0	0	
Amanda Seller	(i)	421,932	0	0	29,400	9,223	460,555	0	
6 Senior Vice President, Revenue	(ii)	0	0	0	0	0	0	0	
Madlin J. Sheerman	(i)	404,995	0	0	26,600	23,049	454,644	0	
7 Senior Vice President, Operations &	(ii)	0	0	0	0	0	0	0	
Kelly Moody (from 01/29/2019)	(i)	365,267	0	0	26,600	15,777	407,644	0	
8 Vice President USA Philanthropy	(ii)	0	0	0	0	0	0	0	
Madeleine Fackler	(i)	357,677	0	0	29,400	23,141	410,218	0	
9 Chief Information Officer	(ii)	0	0	0	0	0	0	0	
Brian Johnson	(i)	345,216	0	0	29,400	23,120	397,736	0	
10 Chief HR Officer	(ii)	0	0	0	0	0	0	0	
Susan Ringler	(i)	317,200	0	0	29,400	9,011	355,611	0	
11 Chief Ethics and Compliance Officer	(ii)	0	0	0	0	0	0	0	
Martin Bratt (from 02/01/2019)	(i)	262,670	50,000	0	19,288	8,824	340,782	0	
12 Chief Strategy Officer	(ii)	0	0	0	0	0	0	0	
	(i)								
_ 13	(ii)								
	(i)								
14	(ii)								
	(i)								
_ 15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2019 INTERNATIONAL RESCUE COMMITTEE, INC 13-5660870 Page 3 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 of \$48,100. This amount is 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. This amount is reported in Schedule J, Part II, Column B(iii) Part I Line 7 During the reporting period a Bonus of 50,000 paid to David Miliband. The compensation committee of the board of directors approved the bonus. This amount is reported in Schedule J, Part II, Column B(ii) _____ Part I Line 7 During the reporting period a Bonus of 50,000 paid to Martin Bratt. This amount is reported in Schedule J, Part II, Column B(ii)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2

0

Open to Public

Inspection

9

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

Employer identification number

INTERNATIONAL RESCUE COMMITTEE, INC Dart I Types of Property

13-5660870

r ai	I Types of Floperty	, , , , , , , , , , , , , , , , , , , 						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Methoo noncash co			
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	Х		1,686,785	FMV/Recei	pts		
6	Cars and other vehicles	Х	13		FMV/Recei			
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							
15	contribution—Historic							
	structures							
	Qualified conservation							
14	contribution—Other							
45	Real estate—Residential							
15								
16	Real estate—Commercial							
17	Real estate—Other							
18								
19	Food inventory							
20	Drugs and medical supplies	Х		3,199,081	FMV/Recei	pts		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► (EDUCATION MAT)	Х			FMV, Pro f			
26	Other ► (EMERGENCY PR()	Х			FMV, Pro f			
27	Other ► (FUEL AND TRANS)	Х		912,605	FMV, Pro f	orma ir	nvoices	6
28	Other ► ()							
29	Number of Forms 8283 received b							
	which the organization completed	Form 8283,	Part IV, Donee Acknowled	gement	29			
							Yes	No
30a	During the year, did the organizati							
	28, that it must hold for at least thr	-						
	to be used for exempt purposes for	or the entire	holding period?			30a		Х
b	If "Yes," describe the arrangement	t in Part II.						
31	Does the organization have a gift	acceptance	policy that requires the revie	ew of any nonstandard				
	contributions?					31	Х	
32a	Does the organization hire or use							
	noncash contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of prop	erty for which column (a) is				
	checked, describe in Part II.			-				

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

Schedule M (Form 990) 2019 INTERNATIONAL RESCUE COMMITTEE, INC 13-5660870 Page 2
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 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)

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.

tion.

OMB No. 1545-0047
2019
Open to Public

I

Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspecti
Name of the organization		Employer ident	ification numbe
INTERNATIONAL RE	SCUE COMMITTEE, INC	13-5660870	
	e 4d: Program Service Expenses: 81,407,811, Grants and allocations:		
	ally displaced persons, refugees, and host communities across		
Afghanistan, Banglade	esh, 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	

Form 990, Part III, Line 4d: Program Service Expenses: 73,233,779, Grants and allocations:

5,201,856, Revenue: 0 IRC employed expert staff and advisors in the following sectors

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

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: 9,299,504, Grants and allocations:

4,363,337, Revenue: 6,457 In FY20, the IRC worked across Europe to assist refugees and asylum

seekers in camps and urban areas. In Greece, Serbia 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 collaboration with our US

programs, we supported families at the US/Mexico border establishing a Women and Girls Safe

Space alongside local partner. In Columbia and Venezuela, the IRC provided child protection

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
Form 990, Part I, Line 5: IRC's global workforce is approximately 13,500 employees. The 2246	
only represents staff on the NY Headquarters payroll covering HQ, US office locations and	
international expatriate employees. The remaining approximate 11,300 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 13,500 employees. The 2246	
only represents staff on the NY Headquarters payroll covering HQ, US office locations and	
international expatriate employees. The remaining approximate 11,300 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 IRC's Conflict of Interest Policies, anyone who is	
in a position to influence IRC policies actions has a duty to disclose any potential conflict	
to IRC's General Counsel. IRC's 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 IRC's best interest and whether it is fair and	
reasonable, and shall accordingly decide whether to allow the transaction to proceed. Pursuant	
to IRC's Code of Conduct and Conflict of Interest Policies, all other staff have a duty to	
report any potential conflict to their supervisor or to IRC's 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 Guidelin	ies,
Committee members are nominated by the Nominating and Governance Committee and presente	ed to

Name of the organization Employer identification number INTERNATIONAL RESCUE COMMITTEE, INC 13-5660870 the full Board for approval at the IRC Board Meetings. All Compensation Committee members are 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 International committee meets annually to	
the full Board for approval at the IRC Board Meetings. All Compensation Committee members are independent, uncompensated members of the Board. The Compensation Committee meets annually to	
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 makes his presentation verbally, in person, to the Committee, as	
well as in the form of a written report. 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 change in value of split interest agreements (\$413,748), exchange rate gain	
\$5,037,167 and restatement of beginning of year net assets to remove wholly-owned subsidiaries	
& other adjustment (\$5,933,144)	
	·

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships			
(Form 990)	 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. 		2019	
Department of the Treasury	Attach to Form 990.		Open to Public	
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection	
Name of the organization		Employe	er identification number	
INTERNATIONAL RES	CUE COMMITTEE, INC	13-566	0870	

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)					

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	() Section 5 contr ent	512(b)(13)
						Yes	No
(1) IRC Hellas	Humanitarian Aid						
Apollon Tower,Louizis Riankour 64 Athens 11523, Greece		Greece			IRC	Х	
(2) IRC Deutschland gGmbh	Humanitarian Aid						
Wallstrasse 15 A Berlin 10179, Germany		Germany			IRC	Х	
(3) International Rescue Committee Sverige Insamlingsstiftelse	Humanitarian Aid						
Magnus Ladulasgatan 3 Stockholm 11865, Sweden		Sweden			IRC	Х	
(4)	-						
(5)	-						
(6)	-						
_(7)							

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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.

Decause It Hau U	le of more related orga	IIIZauons	liealeu as a pa	in the ship 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	Disprop	h) ortionate ations?	(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 5 contr enti	i) 512(b)(13) rolled tity?
(1)								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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?								
а								
b	Gift, grant, or capital contribution to related organization(s).							
C	Gift, grant, or capital contribution from related organization(s).				1b 1c	X X		
d	Loans or loan guarantees to or for related organization(s).				1d		Х	
e	Loans or loan guarantees by related organization(s).				1e		Х	
-								
f	Dividends from related organization(s)				1f		Х	
q	Sale of assets to related organization(s).				1g		Х	
h	Purchase of assets from related organization(s).				1h		Х	
i	Exchange of assets with related organization(s).							
i	Lease of facilities, equipment, or other assets to related organization(s).				1i 1i		X X	
,	, , , , ,				- 1			
k	Lease of facilities, equipment, or other assets from related organization(s).				1k		Х	
1	Performance of services or membership or fundraising solicitations for related organization(s				11		Х	
m								
n								
0	Sharing of paid employees with related organization(s)				1n 1o	X X		
•								
a	Reimbursement paid to related organization(s) for expenses				1p		х	
q	Reimbursement paid by related organization(s) for expenses				1g		Х	
-								
r	Other transfer of cash or property to related organization(s).				1r	Х		
s								
 s Other transfer of cash or property from related organization(s). 1 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 thr 								
	(a)	(b)	(c)	(c				
	Name of related organization	Transaction	Amount involved	Method of determini	ng amou	Int involv	/ed	
		type (a—s)						
				Cash				
(1) IR	C Hellas	r	2,630,000					
				Cash				
(2) IR	C Deutschland gGmbh	r	2,894,241					
				Cash				
(3) IR	C Deutschland gGmbh	S	49,774,937					
				Cash				
(4) International Rescue Committee Sverige Insamlingsstiftelse r 964,498								
(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)	Are all p sec 501(e) partners stion (c)(3) sations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	20 managing 1 partner?		
				Yes	No			Yes	No		Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													<u> </u>
(5)													<u> </u>
(6)													<u> </u>
(7)													<u> </u>
(8)													<u> </u>
(9)													
10)													<u> </u>
11)													<u> </u>
12)													<u> </u>
13)													<u> </u>
14)													<u> </u>
15)													<u> </u>
16)													<u> </u>

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	Supplem	ental Information		
Part VII	Provide a	dditional information for responses to questions on Schedule R. See ir	structions	
	1101140 4			