

# Return of Organization Exempt From Income Tax

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

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning 10/1/2020, and ending 9/30/2021

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization INTERNATIONAL RESCUE COMMITTEE, INC  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
122 EAST 42ND STREET  
 City or town State ZIP code  
New York NY 10168  
 Foreign country name Foreign province/state/county Foreign postal code

**D** Employer identification number 13-5660870

**E** Telephone number 212-551-3000

**F** Name and address of principal officer:  
DAVID MILIBAND 122 E 42ND STREET, NEW YORK, NY 10168

**G** Gross receipts \$ 970,342,913

**H(a)** Is this a group return for subsidiaries?  Yes  No  
**H(b)** Are all subsidiaries included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: WWW.RESCUE.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1933

**M** State of legal domicile: NY

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>The International Rescue Committee responds to the world's worst humanitarian crises and helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover, and gain control of their future</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	39
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	38
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	2,161
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	2,230
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-1,256
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	785,978,272	924,498,780
	<b>9</b> Program service revenue (Part VIII, line 2g)	11,844,760	18,036,305
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,323,351	4,622,894
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,128,776	3,506,407
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	805,275,159	950,664,386
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	273,684,091	354,959,789
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	382,534,068	408,346,395
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	2,437,199	2,979,705
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>45,516,032</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	128,026,610	137,861,152
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	786,681,968	904,147,041	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	18,593,191	46,517,345	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 418,242,328	End of Year 527,551,484
	<b>21</b> Total liabilities (Part X, line 26)	175,878,140	223,244,694
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	242,364,188	304,306,790

**Part II Signature Block**

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

**Sign Here**

Signature of officer Oscar Raposo Date August 9, 2022  
Oscar Raposo CFO  
 Type or print name and title Oscar Raposo, Sr. Vice President and Chief Financial Officer

**Paid Preparer Use Only**

Print/Type preparer's name David M Highfill Preparer's signature David M Highfill Date 7/27/2022 Check  if self-employed PTIN P01517891  
 Firm's name ▶ KPMG LLP Firm's EIN ▶ 13-5565207  
 Firm's address ▶ 345 Park Avenue, New York, NY 10154 Phone no. 212-758-9700

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 357,264,155 including grants of \$ 193,935,128 ) (Revenue \$ 16,658,201 ) In Africa, the IRC worked in 20 countries to respond to new and ongoing crises in the region. In East Africa, including Ethiopia, Kenya, Somalia, Sudan, South Sudan, Uganda, Yemen, and Zimbabwe, the IRC provided lifesaving aid in response to conflict and during periods of severe drought, and strengthened health, water, and sanitation systems throughout the region. In North and West Africa, including Burkina Faso, Cameroon, Chad, Cote D Ivoire, Liberia, Libya, Mali, Niger, Nigeria, and Sierra Leone, the IRC strengthened health systems and additionally implemented programs to protect vulnerable populations, particularly women and children. The IRC in the Great Lakes region, in Burundi, Central African Republic, the DR Congo, and Tanzania, worked with local and national partners to help rebuild communities impacted by violence, and put in place rapid response mechanisms to provide lifesaving support to those in need.

4b (Code: ) (Expenses \$ 132,454,900 including grants of \$ 47,286,763 ) (Revenue \$ ) In the Middle East, the IRC worked in Iraq, Jordan, Lebanon, and Syria. Through local partnerships, the IRC delivered aid inside Syria, and additionally supported Syrian refugees in Lebanon and Jordan. The IRC also delivered programs in the Kurdish Region of Iraq and aided Iraqi refugees through the region. The IRC, along with the Sesame Workshop, implemented a large-scale childhood development intervention aimed at improving early reading, math, and social-emotional skills of children. It is the largest early childhood intervention in the history of humanitarian response.

4c (Code: ) (Expenses \$ 107,970,599 including grants of \$ 27,842,002 ) (Revenue \$ 846,057 ) Through a network of 26 cities across the country, the IRC's US Programs (USP) Department ensures that refugees and other vulnerable immigrants have the resources and tools they need to build new lives in America. USP serves 45,000 individuals each year through a diverse portfolio of programs aimed at five core outcomes: Health, Safety, Economic Wellbeing, Education, and Power. Staff and volunteers work together to resettle newly arrived refugees, facilitating food, shelter, and other basic needs during the pivotal first months in the US. To promote self-reliance over the long term, the IRC also offers English language classes, vocational training, and job placement activities, as well as specialized services for asylees, survivors of torture, human trafficking, and other forms of trauma. The IRC provides comprehensive legal services to help refugees and other immigrants become permanent residents and US citizens, and supports a variety of programs designed to help new arrivals feel welcome and integrate into their adopted communities.

4d Other program services (Describe on Schedule O.) (Expenses \$ 199,332,488 including grants of \$ 69,510,605 ) (Revenue \$ 532,047 )

4e Total program service expenses 797,022,142

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions.	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Did the organization report any amount on Part X, line 5 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? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 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? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
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?	X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 2,161		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country ▶ See Attached Statement See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>	
<b>15</b>	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 . . . . .	<b>15</b>	X
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	<b>16</b>	X
	If "Yes," complete Form 4720, Schedule O.		



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

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

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

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

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

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 per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) David Miliband Dir/CEO/Pres	38.00 0.00	X		X				1,007,343	0	55,212
(2) Madlin J. Sheerman Senior Vice President, Operations & Strategy	38.00 0.00				X			389,696	0	51,907
(3) Oscar Raposo CFO, SVP Finance, Treasurer	38.00 0.00			X				377,367	0	54,758
(4) Jennifer Sime SVP US Programs	38.00 0.00				X			348,279	0	42,638
(5) Ricardo Castro General Counsel, Secretary	38.00 0.00			X				340,825	0	48,503
(6) Madeleine Fackler Chief Information Officer	38.00 0.00					X		332,720	0	48,487
(7) Brian Johnson Chief HR Officer	38.00 0.00					X		320,575	0	54,784
(8) Ciaran Donnelly SVP International Programs	38.00 0.00				X			311,920	0	54,619
(9) Susan Ringler Chief Ethics and Compliance Officer	38.00 0.00					X		297,616	0	32,471
(10) Ourania Dionysiou Vice President, IPP and GPPS	38.00 0.00					X		288,033	0	32,804
(11) Kelly Moody Vice President, USA Philanthropy	38.00 0.00					X		262,445	0	38,569
(12) Amanda Seller ( until 04/01/2020 ) Senior Vice President, Revenue	38.00 0.00						X	190,509	0	10,917
(13) Clifford S. Asness Director	1.00 0.00	X						0	0	0
(14) George Biddle Director	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Susan Dentzer Director	1.00 0.00	X						0	0	0
(16) Timothy F. Geithner Co-Chair, Board of Directors	1.00 0.00	X						0	0	0
(17) John Holmes( until 12/04/2020 ) Director	1.00 0.00	X						0	0	0
(18) Maria Hummer -Tuttle Director	1.00 0.00	X						0	0	0
(19) Steven Klinsky Director	1.00 0.00	X						0	0	0
(20) David A. Levine Director	1.00 0.00	X						0	0	0
(21) Francois-Xavier De Mallmann Director	1.00 0.00	X						0	0	0
(22) Eduardo G. Mestre Director	1.00 0.00	X						0	0	0
(23) Jillian Muller Director	1.00 0.00	X						0	0	0
(24) Thomas Nides Director	1.00 0.00	X						0	0	0
(25) Michael J. O Neill Director	1.00 0.00	X						0	0	0
<b>1b Subtotal</b>								4,467,328	0	525,669
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								4,467,328	0	525,669

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **282**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
KPMG LLP PO Box 120511 Dallas, TX 75312	Financial Audit Service	1,080,881
The Harrington Agency ,LLC 329 Dickinson Swarthmore, PA 19081	Consulting and Advertising	1,077,242
THE KONTERRA GROUP LLC 700 12th Street NW, STE 700 Washington, DC 2000	Consulting	655,135
JACKSON RIVER LLC 2535 13th St. NW No. 005 Washington, DC 20009	Consulting	549,790
ANNE LIEBERMAN CONSULTIN 311 West 97th Street New York, NY 10025	Consulting	162,000

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **7**

**Part VIII Statement of Revenue**

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 4,685,574					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 6,876,259					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b> 537,230,926					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 375,706,021					
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 10,381,620					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		924,498,780				
	Program Service Revenue				Business Code			
<b>2a</b>		US Agency for International Development	900099	12,488,339	12,488,339	0	0	
<b>b</b>		Department for International Development	900099	5,441,282	5,441,282	0	0	
<b>c</b>		UNICEF	900099	106,684	106,684	0	0	
<b>d</b>				0	0	0	0	
<b>e</b>				0	0	0	0	
<b>f</b>		All other program service revenue . . . . .		0	0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		18,036,305				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,277,035	0	-1,256	2,278,291	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0	0	0	0	
	<b>5</b>	Royalties . . . . .		0	0	0	0	
	<b>6a</b>	Gross rents . . . . .	(i) Real	15,155				
			(ii) Personal					
			<b>6a</b>	15,155				
	<b>b</b>	Less: rental expenses . . . . .	<b>6b</b>					
	<b>c</b>	Rental income or (loss) . . . . .	<b>6c</b>	15,155	0			
	<b>d</b>	Net rental income or (loss) . . . . .		15,155	0	0	15,155	
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	21,608,293	387,512			
			(ii) Other					
			<b>7a</b>	21,608,293	387,512			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	19,649,946	0			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	1,958,347	387,512			
	<b>d</b>	Net gain or (loss) . . . . .		2,345,859	0	0	2,345,859	
<b>8a</b>	Gross income from fundraising events (not including \$ 6,876,259 of contributions reported on line 1c). See Part IV, line 18 . . . . .		0					
		<b>8a</b>	0					
		<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	28,581			
<b>c</b>	Net income or (loss) from fundraising events . . . . .		-28,581		0	-28,581		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .		0					
		<b>9a</b>	0					
		<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	0			
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0	0	0	0		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .		0					
		<b>10a</b>	0					
		<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	0			
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0	0	0	0		
Miscellaneous Revenue				Business Code				
	<b>11a</b>	IOM Loan Collection Fees	900099	1,029,918	1,029,918	0	0	
	<b>b</b>	Immigration Processing fees	900099	857,489	857,489	0	0	
	<b>c</b>	Miscellaneous Fees	900099	1,271,709	1,271,709	0	0	
	<b>d</b>	All other revenue . . . . .		360,717	360,717	0	0	
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		3,519,833					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		950,664,386	21,556,138	-1,256	4,610,724		

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(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 . . . . .	4,218,661	4,218,661		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	24,748,596	24,748,596		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	325,992,532	325,992,532		
4	Benefits paid to or for members . . . . .	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	3,284,493	1,023,094	1,794,334	467,065
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 . . . . .	341,623,230	288,512,694	36,788,521	16,322,015
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	12,434,463	8,712,754	2,424,643	1,297,066
9	Other employee benefits . . . . .	41,918,410	35,625,594	4,441,301	1,851,515
10	Payroll taxes . . . . .	9,085,799	6,372,764	1,833,888	879,147
11	Fees for services (nonemployees):				
a	Management . . . . .	0	0	0	0
b	Legal . . . . .	3,188,688	734,422	2,437,704	16,562
c	Accounting . . . . .	1,623,038	560,264	1,037,269	25,505
d	Lobbying . . . . .	0	0	0	0
e	Professional fundraising services. See Part IV, line 17 . . . . .	2,979,705			2,979,705
f	Investment management fees . . . . .	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	21,117,400	13,482,047	5,430,831	2,204,522
12	Advertising and promotion . . . . .	15,715,339	759,278	207,994	14,748,067
13	Office expenses . . . . .	21,969,153	17,521,534	845,525	3,602,094
14	Information technology . . . . .	12,684,286	8,859,449	3,394,340	430,497
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	25,652,602	25,410,296	149,905	92,401
17	Travel . . . . .	31,907,138	31,747,766	129,585	29,787
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	1,474,876	1,212,840	127,127	134,909
20	Interest . . . . .	320,200		222,044	98,156
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	687,590	630,632	38,292	18,666
23	Insurance . . . . .	2,749,511	2,650,582	63,502	35,427
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.)				
a	Recruitment	653,611	657,765	-73,839	69,685
b	Dues and Registration	267,388	217,385	29,426	20,577
c	Subscriptions	765,034	390,688	225,807	148,539
d		0	0	0	0
e	All other expenses	-2,914,702	-3,019,495	60,668	44,125
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	904,147,041	797,022,142	61,608,867	45,516,032
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	156,945,242	<b>1</b>	186,538,178
	<b>2</b> Savings and temporary cash investments . . . . .	17,316,914	<b>2</b>	201,833
	<b>3</b> Pledges and grants receivable, net . . . . .	89,736,621	<b>3</b>	146,618,501
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	6,956	<b>7</b>	4,615
	<b>8</b> Inventories for sale or use . . . . .	16,761,923	<b>8</b>	19,553,065
	<b>9</b> Prepaid expenses and deferred charges . . . . .	5,519,099	<b>9</b>	6,091,560
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 26,508,002		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 14,281,956	2,546,755	<b>10c</b> 12,226,046
	<b>11</b> Investments—publicly traded securities . . . . .	85,897,254	<b>11</b>	118,914,572
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	38,690,509	<b>12</b>	27,440,697
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,821,055	<b>15</b>	9,962,417
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	418,242,328	<b>16</b>	527,551,484	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	62,836,697	<b>17</b>	66,435,303
	<b>18</b> Grants payable . . . . .	104,332,065	<b>18</b>	135,393,762
	<b>19</b> Deferred revenue . . . . .	476,230	<b>19</b>	969,935
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	118,060	<b>21</b>	1,401,655
	<b>22</b> Loans and other 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	8,115,088	<b>25</b>	19,044,039
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	175,878,140	<b>26</b>	223,244,694
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	94,821,245	<b>27</b>	103,620,251
	<b>28</b> Net assets with donor restrictions . . . . .	147,542,943	<b>28</b>	200,686,539
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
<b>32</b> Total net assets or fund balances . . . . .	242,364,188	<b>32</b>	304,306,790	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	418,242,328	<b>33</b>	527,551,484	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	950,664,386
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	904,147,041
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	46,517,345
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	242,364,188
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	23,101,559
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-7,676,302
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	304,306,790

**Part XII Financial Statements and Reporting**

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

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

# Continuation Sheet for Form 990

Name of the Organization

INTERNATIONAL RESCUE COMMITTEE, INC

Employer identification number

13-5660870

**Part VII Section A**

**Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Anjali Pant M.D., M.P.H ( until 03/04/2021 ) Director	1.00 0.00	X						0	0	0
(27) Dr. Kathleen M. Pike, Ph.D. Director	1.00 0.00	X						0	0	0
(28) Omar Saeed Director	1.00 0.00	X						0	0	0
(29) Pamela Saunders-Albin Director	1.00 0.00	X						0	0	0
(30) Gillian Sorensen Director	1.00 0.00	X						0	0	0
(31) Sally Susman Co-Chair, Board of Directors	1.00 0.00	X						0	0	0
(32) Mona K. Sutphen Director	1.00 0.00	X						0	0	0
(33) Tony Tamer Director	1.00 0.00	X						0	0	0
(34) Dr. Merryl H. Tisch Director	1.00 0.00	X						0	0	0
(35) E. Eric Tokat Director	1.00 0.00	X						0	0	0
(36) P. Maureen White Director	1.00 0.00	X						0	0	0
(37) Zeid Ra ad Al Hussein Advisor	1.00 0.00	X						0	0	0
(38) Cheryl Cohen Effron Director	1.00 0.00	X						0	0	0
(39) Udi Grofman Director	1.00 0.00	X						0	0	0
(40) Becca Heller Director	1.00 0.00	X						0	0	0
(41) Andrew Klaber Director	1.00 0.00	X						0	0	0
(42) Joshua L. Steiner Director	1.00 0.00	X						0	0	0
(43) Leah Joy Zell Director	1.00 0.00	X						0	0	0
(44) Tracy R. Wolstencroft Co-Chair, Board of Directors	1.00 0.00	X						0	0	0
(45) Masood Ahmed ( from December 2020 ) Director	1.00 0.00	X						0	0	0
(46) Dr. Titilola Banjoko ( from November 2020 ) Director	1.00 0.00	X						0	0	0

# Continuation Sheet for Form 990

Name of the Organization

INTERNATIONAL RESCUE COMMITTEE, INC

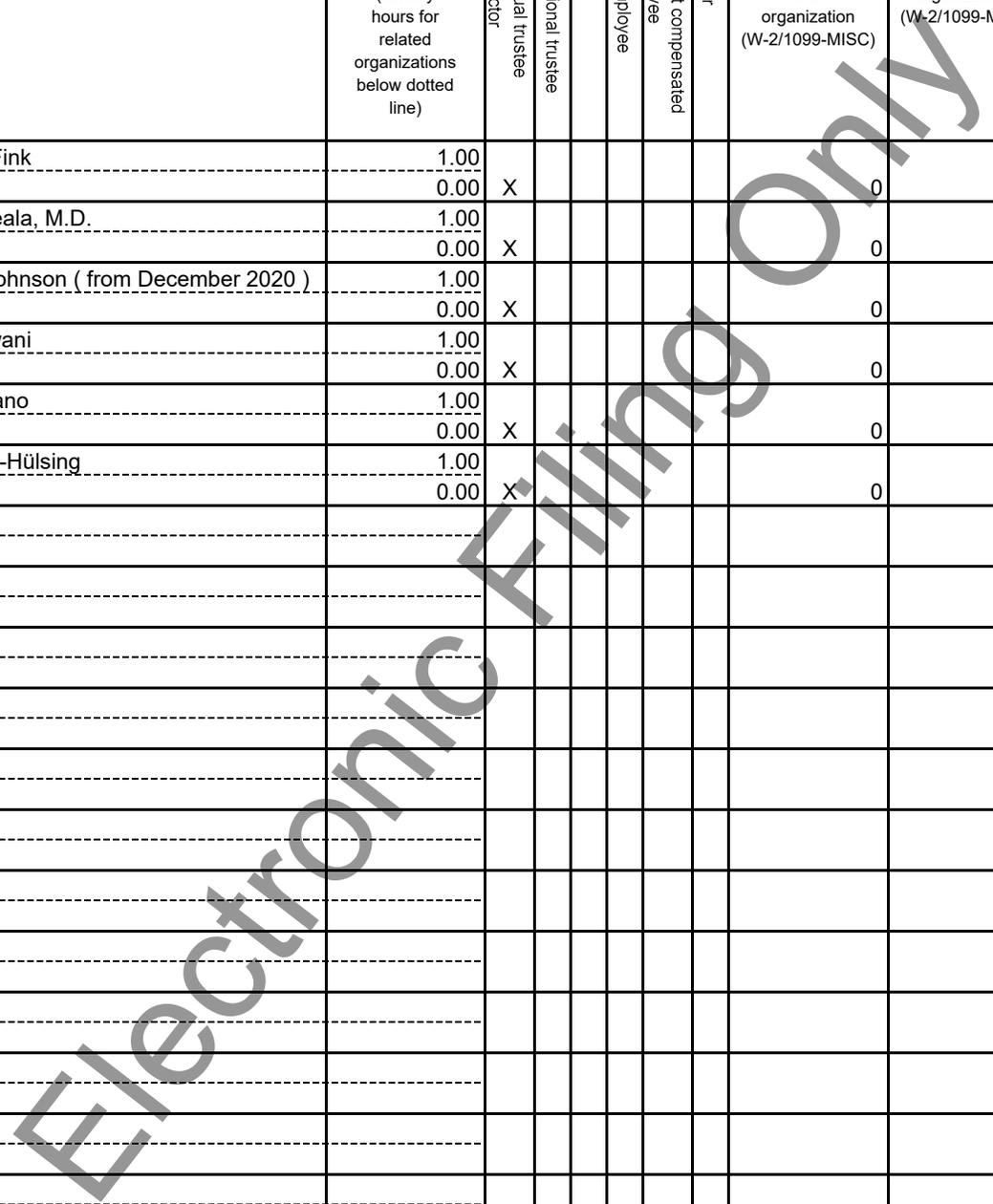
Employer identification number

13-5660870

**Part VII Section A**

**Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) Laurence D. Fink Director	1.00 0.00	X						0	0	0
(48) Uzodinma Iweala, M.D. Director	1.00 0.00	X						0	0	0
(49) Matthew M. Johnson ( from December 2020 ) Director	1.00 0.00	X						0	0	0
(50) Prakash Melwani Director	1.00 0.00	X						0	0	0
(51) Janet Napolitano Director	1.00 0.00	X						0	0	0
(52) Kathrin Junge-Hülsing Director	1.00 0.00	X						0	0	0
(53)										
(54)										
(55)										
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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	710,339,839	711,075,998	764,828,594	785,978,272	924,498,780	3,896,721,483
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	710,339,839	711,075,998	764,828,594	785,978,272	924,498,780	3,896,721,483
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						3,896,721,483

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 . . . . .	710,339,839	711,075,998	764,828,594	785,978,272	924,498,780	3,896,721,483
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	2,456,256	2,739,422	3,623,361	2,209,306	2,292,190	13,320,535
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	4,335,003	3,796,154				8,131,157
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						3,918,173,175
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	70,451,918
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	99.45%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.34%
<b>16a 33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0		0
<b>2</b> 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
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

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

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

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>	
<b>2</b>	<b>Activities Test. Answer lines 2a and 2b below.</b>		
<b>a</b>		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	<b>2a</b>	
<b>b</b>	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	<b>2b</b>	
<b>3</b>	<b>Parent of Supported Organizations. Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	<b>3b</b>	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	<b>Total</b> (add lines 1a, 1b, and 1c)	0	0
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 . . . . .	0		
b From 2016 . . . . .	0		
c From 2017 . . . . .	0		
d From 2018 . . . . .	0		
e From 2019 . . . . .	0		
f <b>Total</b> of lines 3a through 3e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2020 distributable amount			0
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2020 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2020 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.	0		
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			0
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2016 . . . . .	0		
b Excess from 2017 . . . . .	0		
c Excess from 2018 . . . . .	0		
d Excess from 2019 . . . . .	0		
e Excess from 2020 . . . . .	0		



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Foreign, Commonwealth & Development Office( F King Charles Street ----- SW1A 2AH Foreign State or Province: London Foreign Country: United Kingdom	\$ 82,334,317	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Bureau of Population Refugees & Migration (BPRM) 2201 C Street NW Washington DC 20520 Foreign State or Province: Foreign Country:	\$ 83,715,626	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US Agency for International Development (USAID) 1300 Pennsylvania Avenue, NW Washington DC 20523-1000 Foreign State or Province: Foreign Country:	\$ 60,500,738	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	European Union Humanitarian Department (ECHO) 200 Rule de la Loi B-1049 ----- 1000 Foreign State or Province: Brussels Foreign Country: Belgium	\$ 72,385,369	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BUREAU FOR HUMANITARIAN ASSISTANCE (BHA) 1300 Pennsylvania Avenue, NW Washington DC 20523-1000 Foreign State or Province: Foreign Country:	\$ 65,888,099	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	UN High Commissioner on Refugees (UNHCR) Case Postale 2500 ----- CH-1211 Foreign State or Province: Geneva Foreign Country: Switzerland	\$ 46,148,179	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Department of Health & Human Services (HHS) 200 Independence Avenue SW Washington DC 20201 Foreign State or Province: _____ Foreign Country: _____	\$ 46,120,774	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	German Federal Foreign Office (GFFO) Werderscher Markt 1 _____ 10117 Foreign State or Province: Berlin Foreign Country: Germany	\$ 26,592,476	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	Swedish International Development Cooperation Agen Valhallavägen 199 _____ SE-105 25 Foreign State or Province: Stockholm Foreign Country: Sweden	\$ 28,090,229	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	European Aid 101 Ostrobramska Str, office 241-A _____ 04-041 Foreign State or Province: Warsaw Foreign Country: Poland	\$ 19,230,840	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	Fuel and Parts ----- Emergency Supplies ----- Medical Supplies ----- Medical Supplies -----	\$ 2,634,359	9/30/2021
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ ..... 0  
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**2** Political campaign activity expenditures (See instructions) . . . . . ▶ \$ \_\_\_\_\_

**3** Volunteer hours for political campaign activities (See instructions) . . . . . \_\_\_\_\_

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

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

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

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

**4a** Was a correction made? . . . . .  Yes  No

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

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

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

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

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

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

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

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

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

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount	0	0	0	0	0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					0
<b>c</b> Total lobbying expenditures	0	0	0	0	0
<b>d</b> Grassroots nontaxable amount	0	0	0	0	0
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					0
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		168,150
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			168,150
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year . . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	0
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . .	<b>3</b>	
<b>4</b> 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? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) . . . . .	<b>5</b>	0

**Part IV Supplemental Information**

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

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

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

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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year. Includes questions 5 and 6 regarding donor advisement.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose of easements, number of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	112,649,000	114,144,000	115,947,000	112,068,000	106,977,000
<b>b</b> Contributions . . . . .			0	601,000	59,000
<b>c</b> Net investment earnings, gains, and losses . . . . .	24,865,000	3,704,000	3,253,000	8,278,000	10,030,000
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	5,298,000	5,199,000	5,056,000	5,000,000	4,998,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	132,216,000	112,649,000	114,144,000	115,947,000	112,068,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  44%
  - b** Permanent endowment  42%
  - c** Term endowment  14%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> Unrelated organizations . . . . . |     | X  |
| <b>(ii)</b> Related organizations . . . . .  |     | X  |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	0		0
<b>b</b> Buildings . . . . .	0	0	0	0
<b>c</b> Leasehold improvements . . . . .	0	17,667,742	7,507,663	10,160,079
<b>d</b> Equipment . . . . .	0	4,060,700	2,500,676	1,560,024
<b>e</b> Other . . . . .	0	4,779,560	4,273,617	505,943

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  12,226,046

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely held equity interests . . . . .	0	
(3) Other Limited Partnership . . . . .	21,315,697	F
(A) Direct Lending Fund . . . . .	6,125,000	F
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	27,440,697	

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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	536,384
(3) Annuity Liability Related to Split Interest Agreement	6,563,714
(4) Deferred rent	11,943,941
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	19,044,039

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 . . .

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,001,182,809
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	23,101,559
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	288,717
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	27,099,566
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	50,489,842
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	950,692,967
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-28,581
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-28,581
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	950,664,386

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	936,221,441
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	288,717
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	31,895,683
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	32,184,400
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	904,037,041
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	110,000
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	110,000
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	904,147,041

**Part XIII Supplemental Information.**

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

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

Part V Line 5 IRC board of directors has established a fund to provide for the long-term financial stability of IRC and to enhance its ability to respond to extraordinary emergency needs. The purpose of this fund is to provide a mechanism for the board of directors to set aside and invest certain funds. Accordingly, the board of directors has designated the Leo Cherne Emergency Fund, certain unrestricted bequests, extraordinary gifts (as determined by the board of directors), and portions of unrestricted surpluses in operating funds for this purpose. IRC permanently restricted donor endowment and emergency funds further support the long term financial stability of the organization. Included in

**Part XIII Supplemental Information** *(continued)*

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

Part X Line 2 The Internal Revenue Service has ruled that, pursuant to Section 501(c)(3) of the Internal Revenue Code (the Code), IRC is exempt from federal income taxes and is a publicly supported organization, as defined in Section 509(a)(1) of the Code. As a not for profit organization, IRC is also exempt from state and local income taxes. Accordingly, IRC is not subject to income taxes except to the extent it has taxable income from activities that are not related to its exempt purposes. IRC utilizes a threshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. No provision for income taxes was required for fiscal year 2021 or 2020.

Part XI Line 2d The amount includes subsidiary revenue amounting \$ 27,597,274 included in audited financial statement and change in value of splitting interest amounting \$497,708.

Part XI Line 4b The amount \$28,581 represent special event expenses

Part XII Line 2d The amount includes subsidiary expense amounting 31,867,102 included in audited consolidated financial statement and special event expenses amounting \$28,581

Part XI Line 1 The financial statement revenue includes both operating revenue and non-operating amounts.

Part XII Line 1 The financial statement revenue includes both operating revenue and non-operating amounts.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Employer identification number

13-5660870

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Europe (Including Iceland and Greenland)	2	39	Program Services		668,560
(2) Europe (Including Iceland and Greenland)			Grants to recipients		225,129
(3) Central America and the Caribbean	3	351	Program Services		9,511,706
(4) Central America and the Caribbean			Grants to recipients		9,620,673
(5) Middle East and North Africa	6	2,000	Program Services		92,881,307
(6) Middle East and North Africa			Grants to recipients		55,737,770
(7) Sub-Saharan Africa	20	7,085	Program Services		148,625,302
(8) Sub-Saharan Africa			Grants to recipients		185,484,121
(9) East Asia and the Pacific	3	1,238	Program Services		23,327,415
(10) East Asia and the Pacific			Grants to recipients		29,899,768
(11) South Asia	3	1,369	Program Services		18,664,001
(12) South Asia			Grants to recipients		20,344,087
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	37	12,082			594,989,839
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c</b> Totals (add lines 3a and 3b)	37	12,082			594,989,839

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			East Asia and the Pacific	Economic Wellbeing	10,383,036	Bank Transfer			FMV
(2)			East Asia and the Pacific	Economic Wellbeing	75,518	Bank Transfer			FMV
(3)			East Asia and the Pacific	Economic Wellbeing	56,274	Bank Transfer			FMV
(4)			East Asia and the Pacific	Health	1,547,248	Bank Transfer			FMV
(5)			East Asia and the Pacific	Health	933,242	Bank Transfer			FMV
(6)			East Asia and the Pacific	Health	759,179	Bank Transfer			FMV
(7)			East Asia and the Pacific	Health	564,723	Bank Transfer			FMV
(8)			East Asia and the Pacific	Health	385,822	Bank Transfer			FMV
(9)			East Asia and the Pacific	Health	160,242	Bank Transfer			FMV
(10)			East Asia and the Pacific	Health	46,514	Bank Transfer			FMV
(11)			East Asia and the Pacific	Health	44,297	Bank Transfer			FMV
(12)			East Asia and the Pacific	Health	42,526	Bank Transfer			FMV
(13)			East Asia and the Pacific	Health	39,915	Bank Transfer			FMV
(14)			East Asia and the Pacific	Health	32,370	Bank Transfer			FMV
(15)			East Asia and the Pacific	Health	30,687	Bank Transfer			FMV
(16)			East Asia and the Pacific	Health	25,239	Bank Transfer			FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 420

3 Enter total number of other organizations or entities . . . . . ▶ 23

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) CASH ASSISTANCE	East Asia and the Pacific		2,147,692				
(2) EDUCATION MATERIALS	East Asia and the Pacific		95,308				
(3) HEALTH CARE	East Asia and the Pacific		2,434,439				
(4) OTHER ASSISTANCE	East Asia and the Pacific		214,796				
(5) PROGRAM SUPPLIES & MATERIAL	East Asia and the Pacific		3,508,046		11,979	PROGRAM SUPPLIES & MATERIAL	FMV
(6) SERVICE CONTRACTS	East Asia and the Pacific		107,295				
(7) EDUCATION MATERIALS	Europe (Including Iceland and Greenland)		6,628				
(8) PROGRAM SUPPLIES & MATERIAL	Europe (Including Iceland and Greenland)		41,774				
(9) SERVICE CONTRACTS	Europe (Including Iceland and Greenland)		16,121				
(10) CASH ASSISTANCE	Middle East and North Africa		16,372,716				
(11) EDUCATION MATERIALS	Middle East and North Africa		149,037				
(12) HEALTH CARE	Middle East and North Africa		5,662,844				
(13) OTHER ASSISTANCE	Middle East and North Africa		724,912				
(14) PROGRAM SUPPLIES & MATERIAL	Middle East and North Africa		16,319,979		482,510	PROGRAM SUPPLIES & MATERIAL	FMV
(15) SERVICE CONTRACTS	Middle East and North Africa		642,589				
(16) CASH ASSISTANCE	South America		5,505,044				
(17) EDUCATION MATERIALS	South America		63,930				
(18) HEALTH CARE	South America		1,413,520				

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

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

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

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

reports as required per the grant agreement.

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

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

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

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

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

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

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

and disaster to survive, recover and gain control of their future. In 2021 in more than 40

countries and in 27 U.S. cities, our dedicated teams provide clean water, shelter,

healthcare, education and empowerment support to refugees and displaced people. In 2021

the IRC and our partners reached over 31.5 million people in countries affected by crisis.

As part of this work, IRC Supported 3,607 health facilities, provided 6,085,969 outpatient

consultations, Treated 155,528 children under 5 for severe acute malnutrition, admitted

429,256 people for nutrition services, built or rehabilitated water supplies serving

2,700,629 people, reached 1,243,527 people with cash assistance, reached 1,240,379 people

through gender-based violence awareness raising activities, provided specialized support

to 33,426 women survivors of violence, supported 98,128 children in IRC safe spaces and

other protection programs and enrolled 370,771 children and youth in learning programs. In

the United States IRC served nearly 35,000 people across 27 cities with asylum and

protection programs and assisted 2,697 people to become new U.S. citizens

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(17)			East Asia and the Pacific	Health	18,412	Bank Transfer			FMV
(18)			East Asia and the Pacific	Health	18,002	Bank Transfer			FMV
(19)			East Asia and the Pacific	Health	5,400	Bank Transfer			FMV
(20)			East Asia and the Pacific	Health	253,481	Bank Transfer			FMV
(21)			East Asia and the Pacific	Health	231,418	Bank Transfer			FMV
(22)			East Asia and the Pacific	Health	48,484	Bank Transfer			FMV
(23)			East Asia and the Pacific	Health	38,355	Bank Transfer			FMV
(24)			East Asia and the Pacific	Health	27,279	Bank Transfer			FMV
(25)			East Asia and the Pacific	Health	14,175	Bank Transfer			FMV
(26)			East Asia and the Pacific	Power	1,087,681	Bank Transfer			FMV
(27)			East Asia and the Pacific	Power	7,292	Bank Transfer			FMV
(28)			East Asia and the Pacific	Power	5,872	Bank Transfer			FMV
(29)			East Asia and the Pacific	Safety	954,235	Bank Transfer			FMV
(30)			East Asia and the Pacific	Safety	541,474	Bank Transfer			FMV
(31)			East Asia and the Pacific	Safety	296,197	Bank Transfer			FMV
(32)			East Asia and the Pacific	Safety	96,464	Bank Transfer			FMV
(33)			East Asia and the Pacific	Safety	83,749	Bank Transfer			FMV
(34)			East Asia and the Pacific	Safety	60,200	Bank Transfer			FMV
(35)			East Asia and the Pacific	Safety	58,383	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(36)			East Asia and the Pacific	Safety	49,904	Bank Transfer			FMV
(37)			East Asia and the Pacific	Safety	47,993	Bank Transfer			FMV
(38)			East Asia and the Pacific	Safety	44,872	Bank Transfer			FMV
(39)			East Asia and the Pacific	Safety	43,760	Bank Transfer			FMV
(40)			East Asia and the Pacific	Safety	37,258	Bank Transfer			FMV
(41)			East Asia and the Pacific	Safety	34,531	Bank Transfer			FMV
(42)			East Asia and the Pacific	Safety	32,173	Bank Transfer			FMV
(43)			East Asia and the Pacific	Safety	30,624	Bank Transfer			FMV
(44)			East Asia and the Pacific	Safety	30,031	Bank Transfer			FMV
(45)			East Asia and the Pacific	Safety	29,049	Bank Transfer			FMV
(46)			East Asia and the Pacific	Safety	28,910	Bank Transfer			FMV
(47)			East Asia and the Pacific	Safety	26,487	Bank Transfer			FMV
(48)			East Asia and the Pacific	Safety	22,766	Bank Transfer			FMV
(49)			East Asia and the Pacific	Safety	20,919	Bank Transfer			FMV
(50)			East Asia and the Pacific	Safety	19,357	Bank Transfer			FMV
(51)			East Asia and the Pacific	Safety	17,222	Bank Transfer			FMV
(52)			East Asia and the Pacific	Safety	15,142	Bank Transfer			FMV
(53)			East Asia and the Pacific	Safety	13,868	Bank Transfer			FMV
(54)			East Asia and the Pacific	Safety	11,222	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(55)			East Asia and the Pacific	Safety	9,497	Bank Transfer			FMV
(56)			East Asia and the Pacific	Safety	9,342	Bank Transfer			FMV
(57)			Europe (Including Iceland and	Safety	110,105	Bank Transfer			FMV
(58)			Europe (Including Iceland and	Safety	28,532	Bank Transfer			FMV
(59)			Europe (Including Iceland and	Safety	24,934	Bank Transfer			FMV
(60)			Europe (Including Iceland and	Safety	23,906	Bank Transfer			FMV
(61)			Europe (Including Iceland and	Safety	8,000	Bank Transfer			FMV
(62)			Europe (Including Iceland and	Safety	6,000	Bank Transfer			FMV
(63)			South America	Economic Wellbeing	11,517	Bank Transfer			FMV
(64)			South America	Education	96,705	Bank Transfer			FMV
(65)			South America	Education	62,490	Bank Transfer			FMV
(66)			South America	Education	23,516	Bank Transfer			FMV
(67)			South America	Health	120,000	Bank Transfer			FMV
(68)			South America	Health	91,909	Bank Transfer			FMV
(69)			South America	Health	38,529	Bank Transfer			FMV
(70)			South America	Health	30,080	Bank Transfer			FMV
(71)			South America	Health	25,540	Bank Transfer			FMV
(72)			South America	Health	20,456	Bank Transfer			FMV
(73)			South America	Health	19,055	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(74)			South America	Health	17,282	Bank Transfer			FMV
(75)			South America	Health	9,611	Bank Transfer			FMV
(76)			South America	Health	6,424	Bank Transfer			FMV
(77)			South America	Health	50,801	Bank Transfer			FMV
(78)			South America	Health	16,000	Bank Transfer			FMV
(79)			South America	Safety	11,000	Bank Transfer			FMV
(80)			South America	Safety	11,000	Bank Transfer			FMV
(81)			South America	Safety	61,908	Bank Transfer			FMV
(82)			South America	Safety	43,750	Bank Transfer			FMV
(83)			South America	Safety	37,094	Bank Transfer			FMV
(84)			South America	Safety	36,676	Bank Transfer			FMV
(85)			South America	Safety	29,925	Bank Transfer			FMV
(86)			South America	Safety	28,229	Bank Transfer			FMV
(87)			South America	Safety	27,703	Bank Transfer			FMV
(88)			South America	Safety	25,329	Bank Transfer			FMV
(89)			South America	Safety	24,860	Bank Transfer			FMV
(90)			South America	Safety	16,018	Bank Transfer			FMV
(91)			South America	Safety	11,447	Bank Transfer			FMV
(92)			South America	Safety	10,000	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(93)			South America	Safety	10,000	Bank Transfer			FMV
(94)			South America	Safety	9,838	Bank Transfer			FMV
(95)			South America	Safety	9,189	Bank Transfer			FMV
(96)			South America	Safety	8,439	Bank Transfer			FMV
(97)			South America	Safety	7,256	Bank Transfer			FMV
(98)			South America	Safety	6,737	Bank Transfer			FMV
(99)			South America	Safety	6,353	Bank Transfer			FMV
(100)			South America	Safety	6,250	Bank Transfer			FMV
(101)			South America	Safety	5,000	Bank Transfer			FMV
(102)			Middle East and North Africa	Economic Wellbeing	343,392	Bank Transfer			FMV
(103)			Middle East and North Africa	Economic Wellbeing	267,406	Bank Transfer			FMV
(104)			Middle East and North Africa	Economic Wellbeing	215,386	Bank Transfer			FMV
(105)			Middle East and North Africa	Economic Wellbeing	148,164	Bank Transfer			FMV
(106)			Middle East and North Africa	Economic Wellbeing	113,295	Bank Transfer			FMV
(107)			Middle East and North Africa	Economic Wellbeing	73,110	Bank Transfer			FMV
(108)			Middle East and North Africa	Economic Wellbeing	40,948	Bank Transfer			FMV
(109)			Middle East and North Africa	Economic Wellbeing	13,390	Bank Transfer			FMV
(110)			Middle East and North Africa	Education	225,296	Bank Transfer			FMV
(111)			Middle East and North Africa	Education	198,820	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(112)			Middle East and North Africa	Education	194,852	Bank Transfer			FMV
(113)			Middle East and North Africa	Education	165,244	Bank Transfer			FMV
(114)			Middle East and North Africa	Education	159,684	Bank Transfer			FMV
(115)			Middle East and North Africa	Education	159,187	Bank Transfer			FMV
(116)			Middle East and North Africa	Education	151,850	Bank Transfer			FMV
(117)			Middle East and North Africa	Education	151,844	Bank Transfer			FMV
(118)			Middle East and North Africa	Education	126,664	Bank Transfer			FMV
(119)			Middle East and North Africa	Education	126,435	Bank Transfer			FMV
(120)			Middle East and North Africa	Education	84,996	Bank Transfer			FMV
(121)			Middle East and North Africa	Education	75,034	Bank Transfer			FMV
(122)			Middle East and North Africa	Education	74,071	Bank Transfer			FMV
(123)			Middle East and North Africa	Education	72,930	Bank Transfer			FMV
(124)			Middle East and North Africa	Education	72,060	Bank Transfer			FMV
(125)			Middle East and North Africa	Education	71,552	Bank Transfer			FMV
(126)			Middle East and North Africa	Education	64,836	Bank Transfer			FMV
(127)			Middle East and North Africa	Education	48,284	Bank Transfer			FMV
(128)			Middle East and North Africa	Education	46,796	Bank Transfer			FMV
(129)			Middle East and North Africa	Education	46,588	Bank Transfer			FMV
(130)			Middle East and North Africa	Education	44,383	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(131)			Middle East and North Africa	Education	30,807	Bank Transfer			FMV
(132)			Middle East and North Africa	Education	26,670	Bank Transfer			FMV
(133)			Middle East and North Africa	Education	18,330	Bank Transfer			FMV
(134)			Middle East and North Africa	Education	16,440	Bank Transfer			FMV
(135)			Middle East and North Africa	Education	12,702	Bank Transfer			FMV
(136)			Middle East and North Africa	Education	6,763	Bank Transfer			FMV
(137)			Middle East and North Africa	Health	2,381,164	Bank Transfer			FMV
(138)			Middle East and North Africa	Health	1,692,807	Bank Transfer			FMV
(139)			Middle East and North Africa	Health	1,601,238	Bank Transfer			FMV
(140)			Middle East and North Africa	Health	994,135	Bank Transfer			FMV
(141)			Middle East and North Africa	Health	818,976	Bank Transfer			FMV
(142)			Middle East and North Africa	Health	724,947	Bank Transfer			FMV
(143)			Middle East and North Africa	Health	718,930	Bank Transfer			FMV
(144)			Middle East and North Africa	Health	711,145	Bank Transfer			FMV
(145)			Middle East and North Africa	Health	620,609	Bank Transfer			FMV
(146)			Middle East and North Africa	Health	517,283	Bank Transfer			FMV
(147)			Middle East and North Africa	Health	495,421	Bank Transfer			FMV
(148)			Middle East and North Africa	Health	488,103	Bank Transfer			FMV
(149)			Middle East and North Africa	Health	443,784	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(150)			Middle East and North Africa	Health	322,494	Bank Transfer			FMV
(151)			Middle East and North Africa	Health	294,459	Bank Transfer			FMV
(152)			Middle East and North Africa	Health	253,203	Bank Transfer			FMV
(153)			Middle East and North Africa	Health	250,476	Bank Transfer			FMV
(154)			Middle East and North Africa	Health	241,032	Bank Transfer			FMV
(155)			Middle East and North Africa	Health	218,588	Bank Transfer			FMV
(156)			Middle East and North Africa	Health	189,964	Bank Transfer			FMV
(157)			Middle East and North Africa	Health	151,836	Bank Transfer			FMV
(158)			Middle East and North Africa	Health	143,538	Bank Transfer			FMV
(159)			Middle East and North Africa	Health	120,802	Bank Transfer			FMV
(160)			Middle East and North Africa	Health	106,748	Bank Transfer			FMV
(161)			Middle East and North Africa	Health	91,243	Bank Transfer			FMV
(162)			Middle East and North Africa	Health	63,789	Bank Transfer			FMV
(163)			Middle East and North Africa	Health	58,677	Bank Transfer			FMV
(164)			Middle East and North Africa	Health	52,882	Bank Transfer			FMV
(165)			Middle East and North Africa	Health	44,487	Bank Transfer			FMV
(166)			Middle East and North Africa	Health	34,107	Bank Transfer			FMV
(167)			Middle East and North Africa	Health	18,395	Bank Transfer			FMV
(168)			Middle East and North Africa	Power	12,730	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(169)			Middle East and North Africa	Power	136,378	Bank Transfer			FMV
(170)			Middle East and North Africa	Power	18,238	Bank Transfer			FMV
(171)			Middle East and North Africa	Safety	843,317	Bank Transfer			FMV
(172)			Middle East and North Africa	Safety	796,140	Bank Transfer			FMV
(173)			Middle East and North Africa	Safety	572,011	Bank Transfer			FMV
(174)			Middle East and North Africa	Safety	443,071	Bank Transfer			FMV
(175)			Middle East and North Africa	Safety	337,606	Bank Transfer			FMV
(176)			Middle East and North Africa	Safety	330,745	Bank Transfer			FMV
(177)			Middle East and North Africa	Safety	328,343	Bank Transfer			FMV
(178)			Middle East and North Africa	Safety	307,080	Bank Transfer			FMV
(179)			Middle East and North Africa	Safety	299,997	Bank Transfer			FMV
(180)			Middle East and North Africa	Safety	295,891	Bank Transfer			FMV
(181)			Middle East and North Africa	Safety	225,373	Bank Transfer			FMV
(182)			Middle East and North Africa	Safety	170,282	Bank Transfer			FMV
(183)			Middle East and North Africa	Safety	149,925	Bank Transfer			FMV
(184)			Middle East and North Africa	Safety	127,833	Bank Transfer			FMV
(185)			Middle East and North Africa	Safety	111,096	Bank Transfer			FMV
(186)			Middle East and North Africa	Safety	100,956	Bank Transfer			FMV
(187)			Middle East and North Africa	Safety	91,695	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(188)			Middle East and North Africa	Safety	71,389	Bank Transfer			FMV
(189)			Middle East and North Africa	Safety	69,837	Bank Transfer			FMV
(190)			Middle East and North Africa	Safety	60,385	Bank Transfer			FMV
(191)			Middle East and North Africa	Safety	57,141	Bank Transfer			FMV
(192)			Middle East and North Africa	Safety	56,573	Bank Transfer			FMV
(193)			Middle East and North Africa	Safety	56,169	Bank Transfer			FMV
(194)			Middle East and North Africa	Safety	49,980	Bank Transfer			FMV
(195)			Middle East and North Africa	Safety	47,717	Bank Transfer			FMV
(196)			Middle East and North Africa	Safety	42,520	Bank Transfer			FMV
(197)			Middle East and North Africa	Safety	42,420	Bank Transfer			FMV
(198)			Middle East and North Africa	Safety	39,820	Bank Transfer			FMV
(199)			Middle East and North Africa	Safety	38,223	Bank Transfer			FMV
(200)			Middle East and North Africa	Safety	37,984	Bank Transfer			FMV
(201)			Middle East and North Africa	Safety	37,216	Bank Transfer			FMV
(202)			Middle East and North Africa	Safety	31,964	Bank Transfer			FMV
(203)			Middle East and North Africa	Safety	29,950	Bank Transfer			FMV
(204)			Middle East and North Africa	Safety	26,783	Bank Transfer			FMV
(205)			Middle East and North Africa	Safety	20,810	Bank Transfer			FMV
(206)			Middle East and North Africa	Safety	19,723	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(207)			Middle East and North Africa	Safety	19,512	Bank Transfer			FMV
(208)			Middle East and North Africa	Safety	19,124	Bank Transfer			FMV
(209)			Middle East and North Africa	Safety	17,385	Bank Transfer			FMV
(210)			Middle East and North Africa	Safety	14,866	Bank Transfer			FMV
(211)			Middle East and North Africa	Safety	11,474	Bank Transfer			FMV
(212)			Middle East and North Africa	Safety	7,486	Bank Transfer			FMV
(213)			South Asia	Economic Wellbeing	1,060,585	Bank Transfer			FMV
(214)			South Asia	Economic Wellbeing	214,359	Bank Transfer			FMV
(215)			South Asia	Economic Wellbeing	71,988	Bank Transfer			FMV
(216)			South Asia	Economic Wellbeing	17,442	Bank Transfer			FMV
(217)			South Asia	Education	1,234,682	Bank Transfer			FMV
(218)			South Asia	Education	497,091	Bank Transfer			FMV
(219)			South Asia	Education	111,270	Bank Transfer			FMV
(220)			South Asia	Education	78,909	Bank Transfer			FMV
(221)			South Asia	Education	13,071	Bank Transfer			FMV
(222)			South Asia	Health	1,099,986	Bank Transfer			FMV
(223)			South Asia	Health	165,978	Bank Transfer			FMV
(224)			South Asia	Health	48,715	Bank Transfer			FMV
(225)			South Asia	Safety	91,265	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(226)			South Asia	Safety	80,645	Bank Transfer			FMV
(227)			Sub-Saharan Africa	Economic Wellbeing	579,225	Bank Transfer			FMV
(228)			Sub-Saharan Africa	Economic Wellbeing	541,703	Bank Transfer			FMV
(229)			Sub-Saharan Africa	Economic Wellbeing	385,714	Bank Transfer			FMV
(230)			Sub-Saharan Africa	Economic Wellbeing	351,562	Bank Transfer			FMV
(231)			Sub-Saharan Africa	Economic Wellbeing	273,573	Bank Transfer			FMV
(232)			Sub-Saharan Africa	Economic Wellbeing	255,969	Bank Transfer			FMV
(233)			Sub-Saharan Africa	Economic Wellbeing	173,160	Bank Transfer			FMV
(234)			Sub-Saharan Africa	Economic Wellbeing	132,212	Bank Transfer			FMV
(235)			Sub-Saharan Africa	Economic Wellbeing	123,432	Bank Transfer			FMV
(236)			Sub-Saharan Africa	Economic Wellbeing	108,056	Bank Transfer			FMV
(237)			Sub-Saharan Africa	Economic Wellbeing	100,687	Bank Transfer			FMV
(238)			Sub-Saharan Africa	Economic Wellbeing	85,946	Bank Transfer			FMV
(239)			Sub-Saharan Africa	Economic Wellbeing	75,580	Bank Transfer			FMV
(240)			Sub-Saharan Africa	Economic Wellbeing	66,819	Bank Transfer			FMV
(241)			Sub-Saharan Africa	Economic Wellbeing	64,947	Bank Transfer			FMV
(242)			Sub-Saharan Africa	Economic Wellbeing	58,455	Bank Transfer			FMV
(243)			Sub-Saharan Africa	Economic Wellbeing	35,127	Bank Transfer			FMV
(244)			Sub-Saharan Africa	Economic Wellbeing	33,533	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(245)			Sub-Saharan Africa	Economic Wellbeing	23,293	Bank Transfer			FMV
(246)			Sub-Saharan Africa	Economic Wellbeing	21,694	Bank Transfer			FMV
(247)			Sub-Saharan Africa	Economic Wellbeing	17,115	Bank Transfer			FMV
(248)			Sub-Saharan Africa	Economic Wellbeing	16,483	Bank Transfer			FMV
(249)			Sub-Saharan Africa	Economic Wellbeing	14,631	Bank Transfer			FMV
(250)			Sub-Saharan Africa	Education	2,758,386	Bank Transfer			FMV
(251)			Sub-Saharan Africa	Education	982,378	Bank Transfer			FMV
(252)			Sub-Saharan Africa	Education	937,606	Bank Transfer			FMV
(253)			Sub-Saharan Africa	Education	654,926	Bank Transfer			FMV
(254)			Sub-Saharan Africa	Education	503,031	Bank Transfer			FMV
(255)			Sub-Saharan Africa	Education	343,590	Bank Transfer			FMV
(256)			Sub-Saharan Africa	Education	214,220	Bank Transfer			FMV
(257)			Sub-Saharan Africa	Education	210,245	Bank Transfer			FMV
(258)			Sub-Saharan Africa	Education	133,533	Bank Transfer			FMV
(259)			Sub-Saharan Africa	Education	49,817	Bank Transfer			FMV
(260)			Sub-Saharan Africa	Education	18,094	Bank Transfer			FMV
(261)			Sub-Saharan Africa	Education	16,276	Bank Transfer			FMV
(262)			Sub-Saharan Africa	Education	10,751	Bank Transfer			FMV
(263)			Sub-Saharan Africa	Health	1,922,909	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(264)			Sub-Saharan Africa	Health	1,808,057	Bank Transfer			FMV
(265)			Sub-Saharan Africa	Health	1,744,680	Bank Transfer			FMV
(266)			Sub-Saharan Africa	Health	1,574,566	Bank Transfer			FMV
(267)			Sub-Saharan Africa	Health	1,468,782	Bank Transfer			FMV
(268)			Sub-Saharan Africa	Health	1,250,321	Bank Transfer			FMV
(269)			Sub-Saharan Africa	Health	1,227,807	Bank Transfer			FMV
(270)			Sub-Saharan Africa	Health	1,077,369	Bank Transfer			FMV
(271)			Sub-Saharan Africa	Health	858,219	Bank Transfer			FMV
(272)			Sub-Saharan Africa	Health	578,789	Bank Transfer			FMV
(273)			Sub-Saharan Africa	Health	575,503	Bank Transfer			FMV
(274)			Sub-Saharan Africa	Health	534,598	Bank Transfer			FMV
(275)			Sub-Saharan Africa	Health	520,823	Bank Transfer			FMV
(276)			Sub-Saharan Africa	Health	498,493	Bank Transfer			FMV
(277)			Sub-Saharan Africa	Health	478,207	Bank Transfer			FMV
(278)			Sub-Saharan Africa	Health	453,888	Bank Transfer			FMV
(279)			Sub-Saharan Africa	Health	440,000	Bank Transfer			FMV
(280)			Sub-Saharan Africa	Health	397,522	Bank Transfer			FMV
(281)			Sub-Saharan Africa	Health	389,587	Bank Transfer			FMV
(282)			Sub-Saharan Africa	Health	384,232	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(283)			Sub-Saharan Africa	Health	362,587	Bank Transfer			FMV
(284)			Sub-Saharan Africa	Health	353,862	Bank Transfer			FMV
(285)			Sub-Saharan Africa	Health	352,699	Bank Transfer			FMV
(286)			Sub-Saharan Africa	Health	345,812	Bank Transfer			FMV
(287)			Sub-Saharan Africa	Health	337,552	Bank Transfer			FMV
(288)			Sub-Saharan Africa	Health	322,799	Bank Transfer			FMV
(289)			Sub-Saharan Africa	Health	272,311	Bank Transfer			FMV
(290)			Sub-Saharan Africa	Health	269,810	Bank Transfer			FMV
(291)			Sub-Saharan Africa	Health	256,345	Bank Transfer			FMV
(292)			Sub-Saharan Africa	Health	254,525	Bank Transfer			FMV
(293)			Sub-Saharan Africa	Health	249,799	Bank Transfer			FMV
(294)			Sub-Saharan Africa	Health	234,223	Bank Transfer			FMV
(295)			Sub-Saharan Africa	Health	228,451	Bank Transfer			FMV
(296)			Sub-Saharan Africa	Health	226,818	Bank Transfer			FMV
(297)			Sub-Saharan Africa	Health	226,069	Bank Transfer			FMV
(298)			Sub-Saharan Africa	Health	218,068	Bank Transfer			FMV
(299)			Sub-Saharan Africa	Health	189,089	Bank Transfer			FMV
(300)			Sub-Saharan Africa	Health	187,382	Bank Transfer			FMV
(301)			Sub-Saharan Africa	Health	180,348	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(302)			Sub-Saharan Africa	Health	178,095	Bank Transfer			FMV
(303)			Sub-Saharan Africa	Health	174,260	Bank Transfer			FMV
(304)			Sub-Saharan Africa	Health	172,118	Bank Transfer			FMV
(305)			Sub-Saharan Africa	Health	172,088	Bank Transfer			FMV
(306)			Sub-Saharan Africa	Health	167,497	Bank Transfer			FMV
(307)			Sub-Saharan Africa	Health	165,887	Bank Transfer			FMV
(308)			Sub-Saharan Africa	Health	151,259	Bank Transfer			FMV
(309)			Sub-Saharan Africa	Health	150,000	Bank Transfer			FMV
(310)			Sub-Saharan Africa	Health	147,195	Bank Transfer			FMV
(311)			Sub-Saharan Africa	Health	138,934	Bank Transfer			FMV
(312)			Sub-Saharan Africa	Health	136,016	Bank Transfer			FMV
(313)			Sub-Saharan Africa	Health	132,667	Bank Transfer			FMV
(314)			Sub-Saharan Africa	Health	121,704	Bank Transfer			FMV
(315)			Sub-Saharan Africa	Health	116,037	Bank Transfer			FMV
(316)			Sub-Saharan Africa	Health	111,787	Bank Transfer			FMV
(317)			Sub-Saharan Africa	Health	107,593	Bank Transfer			FMV
(318)			Sub-Saharan Africa	Health	105,444	Bank Transfer			FMV
(319)			Sub-Saharan Africa	Health	101,156	Bank Transfer			FMV
(320)			Sub-Saharan Africa	Health	100,224	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(321)			Sub-Saharan Africa	Health	96,019	Bank Transfer			FMV
(322)			Sub-Saharan Africa	Health	95,941	Bank Transfer			FMV
(323)			Sub-Saharan Africa	Health	94,263	Bank Transfer			FMV
(324)			Sub-Saharan Africa	Health	83,076	Bank Transfer			FMV
(325)			Sub-Saharan Africa	Health	71,789	Bank Transfer			FMV
(326)			Sub-Saharan Africa	Health	68,681	Bank Transfer			FMV
(327)			Sub-Saharan Africa	Health	64,617	Bank Transfer			FMV
(328)			Sub-Saharan Africa	Health	61,326	Bank Transfer			FMV
(329)			Sub-Saharan Africa	Health	57,615	Bank Transfer			FMV
(330)			Sub-Saharan Africa	Health	56,110	Bank Transfer			FMV
(331)			Sub-Saharan Africa	Health	54,414	Bank Transfer			FMV
(332)			Sub-Saharan Africa	Health	54,398	Bank Transfer			FMV
(333)			Sub-Saharan Africa	Health	54,081	Bank Transfer			FMV
(334)			Sub-Saharan Africa	Health	53,735	Bank Transfer			FMV
(335)			Sub-Saharan Africa	Health	49,852	Bank Transfer			FMV
(336)			Sub-Saharan Africa	Health	45,990	Bank Transfer			FMV
(337)			Sub-Saharan Africa	Health	45,011	Bank Transfer			FMV
(338)			Sub-Saharan Africa	Health	37,513	Bank Transfer			FMV
(339)			Sub-Saharan Africa	Health	37,473	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(340)			Sub-Saharan Africa	Health	34,600	Bank Transfer			FMV
(341)			Sub-Saharan Africa	Health	29,789	Bank Transfer			FMV
(342)			Sub-Saharan Africa	Health	29,367	Bank Transfer			FMV
(343)			Sub-Saharan Africa	Health	26,760	Bank Transfer			FMV
(344)			Sub-Saharan Africa	Health	25,435	Bank Transfer			FMV
(345)			Sub-Saharan Africa	Health	25,346	Bank Transfer			FMV
(346)			Sub-Saharan Africa	Health	22,620	Bank Transfer			FMV
(347)			Sub-Saharan Africa	Health	21,574	Bank Transfer			FMV
(348)			Sub-Saharan Africa	Health	20,828	Bank Transfer			FMV
(349)			Sub-Saharan Africa	Health	20,562	Bank Transfer			FMV
(350)			Sub-Saharan Africa	Health	19,525	Bank Transfer			FMV
(351)			Sub-Saharan Africa	Health	17,972	Bank Transfer			FMV
(352)			Sub-Saharan Africa	Health	16,142	Bank Transfer			FMV
(353)			Sub-Saharan Africa	Health	14,395	Bank Transfer			FMV
(354)			Sub-Saharan Africa	Health	14,395	Bank Transfer			FMV
(355)			Sub-Saharan Africa	Health	13,194	Bank Transfer			FMV
(356)			Sub-Saharan Africa	Health	10,479	Bank Transfer			FMV
(357)			Sub-Saharan Africa	Health	10,479	Bank Transfer			FMV
(358)			Sub-Saharan Africa	Health	9,059	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(359)			Sub-Saharan Africa	Health	8,925	Bank Transfer			FMV
(360)			Sub-Saharan Africa	Health	7,445	Bank Transfer			FMV
(361)			Sub-Saharan Africa	Health	7,188	Bank Transfer			FMV
(362)			Sub-Saharan Africa	Health	6,092	Bank Transfer			FMV
(363)			Sub-Saharan Africa	Health	5,706	Bank Transfer			FMV
(364)			Sub-Saharan Africa	Health	411,455	Bank Transfer			FMV
(365)			Sub-Saharan Africa	Economic Wellbeing	103,384	Bank Transfer			FMV
(366)			Sub-Saharan Africa	Health	83,800	Bank Transfer			FMV
(367)			Sub-Saharan Africa	Health	77,042	Bank Transfer			FMV
(368)			Sub-Saharan Africa	Safety	65,056	Bank Transfer			FMV
(369)			Sub-Saharan Africa	Health	47,539	Bank Transfer			FMV
(370)			Sub-Saharan Africa	Health	14,847	Bank Transfer			FMV
(371)			Sub-Saharan Africa	Health	11,142	Bank Transfer			FMV
(372)			Sub-Saharan Africa	Health	10,000	Bank Transfer			FMV
(373)			Sub-Saharan Africa	Power	2,327,954	Bank Transfer			FMV
(374)			Sub-Saharan Africa	Power	943,288	Bank Transfer			FMV
(375)			Sub-Saharan Africa	Power	241,011	Bank Transfer			FMV
(376)			Sub-Saharan Africa	Power	109,310	Bank Transfer			FMV
(377)			Sub-Saharan Africa	Power	44,870	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(378)			Sub-Saharan Africa	Power	8,326	Bank Transfer			FMV
(379)			Sub-Saharan Africa	Safety	1,625,750	Bank Transfer			FMV
(380)			Sub-Saharan Africa	Safety	1,372,005	Bank Transfer			FMV
(381)			Sub-Saharan Africa	Safety	754,608	Bank Transfer			FMV
(382)			Sub-Saharan Africa	Safety	547,154	Bank Transfer			FMV
(383)			Sub-Saharan Africa	Safety	491,459	Bank Transfer			FMV
(384)			Sub-Saharan Africa	Safety	450,000	Bank Transfer			FMV
(385)			Sub-Saharan Africa	Safety	399,999	Bank Transfer			FMV
(386)			Sub-Saharan Africa	Safety	368,494	Bank Transfer			FMV
(387)			Sub-Saharan Africa	Safety	329,280	Bank Transfer			FMV
(388)			Sub-Saharan Africa	Safety	231,784	Bank Transfer			FMV
(389)			Sub-Saharan Africa	Safety	212,958	Bank Transfer			FMV
(390)			Sub-Saharan Africa	Safety	150,881	Bank Transfer			FMV
(391)			Sub-Saharan Africa	Safety	149,590	Bank Transfer			FMV
(392)			Sub-Saharan Africa	Safety	139,764	Bank Transfer			FMV
(393)			Sub-Saharan Africa	Safety	86,842	Bank Transfer			FMV
(394)			Sub-Saharan Africa	Safety	83,423	Bank Transfer			FMV
(395)			Sub-Saharan Africa	Safety	83,007	Bank Transfer			FMV
(396)			Sub-Saharan Africa	Safety	73,618	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(397)			Sub-Saharan Africa	Safety	67,638	Bank Transfer			FMV
(398)			Sub-Saharan Africa	Safety	61,407	Bank Transfer			FMV
(399)			Sub-Saharan Africa	Safety	60,500	Bank Transfer			FMV
(400)			Sub-Saharan Africa	Safety	52,016	Bank Transfer			FMV
(401)			Sub-Saharan Africa	Safety	49,746	Bank Transfer			FMV
(402)			Sub-Saharan Africa	Safety	49,236	Bank Transfer			FMV
(403)			Sub-Saharan Africa	Safety	48,569	Bank Transfer			FMV
(404)			Sub-Saharan Africa	Safety	42,819	Bank Transfer			FMV
(405)			Sub-Saharan Africa	Safety	42,197	Bank Transfer			FMV
(406)			Sub-Saharan Africa	Safety	40,090	Bank Transfer			FMV
(407)			Sub-Saharan Africa	Safety	39,972	Bank Transfer			FMV
(408)			Sub-Saharan Africa	Safety	39,650	Bank Transfer			FMV
(409)			Sub-Saharan Africa	Safety	33,556	Bank Transfer			FMV
(410)			Sub-Saharan Africa	Safety	32,496	Bank Transfer			FMV
(411)			Sub-Saharan Africa	Safety	29,984	Bank Transfer			FMV
(412)			Sub-Saharan Africa	Safety	29,727	Bank Transfer			FMV
(413)			Sub-Saharan Africa	Safety	28,228	Bank Transfer			FMV
(414)			Sub-Saharan Africa	Safety	26,691	Bank Transfer			FMV
(415)			Sub-Saharan Africa	Safety	24,828	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(416)			Sub-Saharan Africa	Safety	23,796	Bank Transfer			FMV
(417)			Sub-Saharan Africa	Safety	23,528	Bank Transfer			FMV
(418)			Sub-Saharan Africa	Safety	23,004	Bank Transfer			FMV
(419)			Sub-Saharan Africa	Safety	21,830	Bank Transfer			FMV
(420)			Sub-Saharan Africa	Safety	20,475	Bank Transfer			FMV
(421)			Sub-Saharan Africa	Safety	18,474	Bank Transfer			FMV
(422)			Sub-Saharan Africa	Safety	17,338	Bank Transfer			FMV
(423)			Sub-Saharan Africa	Safety	14,730	Bank Transfer			FMV
(424)			Sub-Saharan Africa	Safety	13,819	Bank Transfer			FMV
(425)			Sub-Saharan Africa	Safety	13,079	Bank Transfer			FMV
(426)			Sub-Saharan Africa	Safety	12,967	Bank Transfer			FMV
(427)			Sub-Saharan Africa	Safety	12,856	Bank Transfer			FMV
(428)			Sub-Saharan Africa	Safety	12,516	Bank Transfer			FMV
(429)			Sub-Saharan Africa	Safety	11,963	Bank Transfer			FMV
(430)			Sub-Saharan Africa	Safety	11,751	Bank Transfer			FMV
(431)			Sub-Saharan Africa	Safety	11,593	Bank Transfer			FMV
(432)			Sub-Saharan Africa	Safety	11,078	Bank Transfer			FMV
(433)			Sub-Saharan Africa	Safety	10,000	Bank Transfer			FMV
(434)			Sub-Saharan Africa	Safety	9,646	Bank Transfer			FMV

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(435)			Sub-Saharan Africa	Safety	9,446	Bank Transfer			FMV
(436)			Sub-Saharan Africa	Safety	8,978	Bank Transfer			FMV
(437)			Sub-Saharan Africa	Safety	8,922	Bank Transfer			FMV
(438)			Sub-Saharan Africa	Safety	8,142	Bank Transfer			FMV
(439)			Sub-Saharan Africa	Safety	7,201	Bank Transfer			FMV
(440)			Sub-Saharan Africa	Safety	7,201	Bank Transfer			FMV
(441)			Sub-Saharan Africa	Safety	5,299	Bank Transfer			FMV
(442)			Europe (Including Iceland and	IRC Affiliate	1,492,808	Bank Transfer			FMV
(443)			Europe (Including Iceland and	IRC Affiliate	5,528,936	Bank Transfer			FMV
(444)									
(445)									
(446)									
(447)									
(448)									
(449)									
(450)									
(451)									
(452)									
(453)									

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(19) OTHER ASSISTANCE	South America		510,318				
(20) PROGRAM SUPPLIES & MATERIAL	South America		544,352				
(21) SERVICE CONTRACTS	South America		541,169				
(22) CASH ASSISTANCE	South Asia		11,672,337				
(23) EDUCATION MATERIALS	South Asia		14,180				
(24) HEALTH CARE	South Asia		28,576				
(25) OTHER ASSISTANCE	South Asia		33,919				
(26) PROGRAM SUPPLIES & MATERIAL	South Asia		5,508,521		188,514	PROGRAM SUPPLIES & MATERIAL	FMV
(27) SERVICE CONTRACTS	South Asia		167,643				
(28) CASH ASSISTANCE	Sub-Saharan Africa		19,624,646				
(29) EDUCATION MATERIALS	Sub-Saharan Africa		3,726,938				
(30) HEALTH CARE	Sub-Saharan Africa		5,721,151				
(31) OTHER ASSISTANCE	Sub-Saharan Africa		276,563				
(32) PROGRAM SUPPLIES & MATERIAL	Sub-Saharan Africa		88,966,646		6,508,046	PROGRAM SUPPLIES & MATERIAL	FMV
(33) SERVICE CONTRACTS	Sub-Saharan Africa		7,426,299				
(34)							
(35)							
(36)							
(37)							



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Rescue Dinner (event type)	It lake office fundras (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	6,826,287	17,808	32,164	6,876,259
	2	Less: Contributions . . . . .	6,826,287	17,808	32,164	6,876,259
	3	Gross income (line 1 minus line 2) . . . . .	0	0	0	0
Direct Expenses	4	Cash prizes . . . . .			0	0
	5	Noncash prizes . . . . .			0	0
	6	Rent/facility costs . . . . .			0	0
	7	Food and beverages . . . . .			0	0
	8	Entertainment . . . . .			0	0
	9	Other direct expenses . . . . .	23,103		5,478	28,581
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 28,581)
	11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-28,581

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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:

a	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 and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ 0 and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_ 0

c 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:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to 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 ▶ \$ \_\_\_\_\_ 0

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part II Line 6,7 and 9 In the reporting fiscal year, due to Covid-19 pandemic, the was no in person fundraising event. Therefore, there was no rent/facility cost or food and beverage charges

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Employer identification number

13-5660870

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) API Chaya P.O. Box 14047 Seattle, WA 98114	91-1674016	501 (C) (3)	93,316				Anti-Trafficking
(2) YouthCare 2500 NE 54th Street Seattle, WA 9810	91-0917079	501 (C) (3)	25,926				Anti-Trafficking
(3) WEAVE, INC 2020 Hurley Way Sacramento, CA 958	94-2493158	501 (C) (3)	86,062				Anti-Trafficking
(4) Catholic Charities Of Northeast Ka 9720 West 87th Street Overland Park,	48-1181305	501 (C) (3)	340,022				Refugee Programs
(5) Catholic Charities Of The Texas Pa 2801 Duniwen Circle Amarillo, TX 7910	75-0818147	501 (C) (3)	745,870				Refugee Programs
(6) Catholic Charities Diocese Of Cam 1845 Haddon Avenue Camden, NJ 08	22-3759994	501 (C) (3)	102,261				Refugee Programs
(7) Church World Services Inc. 475 Riverside Dr. STE 700 New York,	13-4080201	501 (C) (3)	646,358				Refugee Programs
(8) SAINT FRANCIS COMMUNITY SE 509 East Elm Street. Salina, KS 67401	48-0543809	501 (C) (3)	109,047				Refugee Programs
(9) Jewish Vocational Service of Metro 111 Prospect street East Orange, NJ 0	22-1487229	501 (C) (3)	115,212				Refugee Programs
(10) Washington Elementary School Dis 4650 West Sweetwater Glendale, Az 8	86-6000484		23,364				Refugee Programs
(11) Phoenix Dream Center 3210 NW Grand Avenue Phoenix, Az 8	86-1001113	501 (C) (3)	67,697				Anti-Trafficking
(12) Streetlightusa PO Box 6178 Peoria, AZ 85385	26-4359672	501 (C) (3)	47,859				Anti-Trafficking

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 26
- 3** Enter total number of other organizations listed in the line 1 table ▶ 5

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

Schedule I (Form 990) 2020

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Economic Wellbeing	0	6,881,221	487,269		Clothing and household items
2 Education Program	0	553,663	1,836		School supplies
3 Health programming	0	1,112,840	1,146		Health Supplies
4 Power	0	601,805	3,132		Supplies
5 Safety	0	18,692,472	631,873		Clothing and household items
6					
7					

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

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

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

Part III Line B Number of recipients is noted it total for the year. During 2021, in the United States, the IRC helped resettle some 5391 newly arrived refugees and provided services to promote self-reliance and integration to many refugees, asylees and victims of human trafficking and other immigrants.

## Continuation Sheet for Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) Lutheran Immigration and Refugee Service 700 Light Street Baltimore, MD 21230	13-2574854	501 (C) (3)	484,818				Refugee Programs
(14) Catholic Charities of the Archdiocese of Newark 590 N 7th St Newark, NJ 07107	22-2164120	501 (C) (3)	447,967				Refugee Programs
(15) Survive and Thrive Advocacy Center, Inc 2121 Delta Blvd Tallahassee, FL 32303	47-3189855	501 (C) (3)	69,262				Refugee Programs
(16) Refugee Transitions (RT), 870 Market Street, Suite 718 San Francisco, CA 94102	94-3112099	501 (C) (3)	66,000				Refugee Programs
(17) Catholic Charities of Southwest Kansas 906 Central Ave Dodge City, KS 67801	48-0697602	501 (C) (3)	64,717				Refugee Programs
(18) Bethel Neighborhood Center 14 S. 7th St. Trafficway Kansas City, KS 66104	23-7098818	501 (C) (3)	19,023				Refugee Programs
(19) Glendale Union High School District 7650 N 43rd Avenue Glendale, AZ 85301	74-2490334		28,057				Refugee Programs
(20) Interfaith-RISE 19 South 2nd Avenue Highland Park, NJ 08904	20-5012410	501 (C) (3)	211,906				Refugee Programs
(21) Real Escape From The Sex Trade 1200 S.192nd St, Suite 101 SeaTac, WA 98148	45-3531020	501 (C) (3)	44,612				Anti-Trafficking
(22) University of Denver 2601 E. Colorado Ave., 1st Floor Denver, CO 80202	84-0404231		146,449				Anti-Trafficking
(23) Yolo Food Bank 233 Harter Ave Woodland, CA 95776	23-7111782	501 (C) (3)	29,239				Refugee Programs
(24) A New Leaf 868 E University Dr Mesa, AZ 85203	86-0256667	501 (C) (3)	86,353				Refugee Programs
(25) Americans for Immigrant Justice 6355 NW 36 St Ste 2201 Miami Springs, FL 33154	65-0610872	501 (C) (3)	17,761				Anti-Trafficking
(26) Echoes of Faith 4246 Swift Ave #1 San Diego, CA 92104	23-7204868	501 (C) (3)	5,640				Refugee Programs
(27) Fresh Harvest 1480 BRADLEY GIN RD NW MONROE, GA 30601	35-2442412		6,000				Refugee Programs
(28) Global Growers Network, Inc. 500 South Columbia Dr Decatur, GA 30030	46-2247454	501 (C) (3)	6,000				Refugee Programs
(29) My Sister's House 3053 Freeport Blvd. #120 Sacramento, CA 95821	68-0464114	501 (C) (3)	36,400				Refugee Programs

# Continuation Sheet for Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) <u>Ruby's Place</u> 20880 Baker Rd Castro Valley, CA 94546	94-2212241	501 (C) (3)	23,004				Anti-Trafficking
(31) <u>Florida Department of Children and Fam</u> P.O Box 2828, Tallahassee, FL 32304			66,595				Refugee Programs
(32) .....							
(33) .....							
(34) .....							
(35) .....							
(36) .....							
(37) .....							
(38) .....							
(39) .....							
(40) .....							
(41) .....							
(42) .....							
(43) .....							
(44) .....							
(45) .....							
(46) .....							

# Continuation Sheet for Schedule I (Form 990)

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

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

**Compensation Information**

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

**2020**

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

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

INTERNATIONAL RESCUE COMMITTEE, INC

13-5660870

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

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

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

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

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

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

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

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

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

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 David Miliband Dir/CEO/Pres	(i)	709,423	100,000	197,920	29,925	25,287	1,062,555	0
	(ii)	0	0	0	0	0	0	0
2 Oscar Raposo CFO, SVP Finance, Treasurer	(i)	377,367	0	0	29,925	24,833	432,125	0
	(ii)	0	0	0	0	0	0	0
3 Ricardo Castro General Counsel, Secretary	(i)	340,825	0	0	29,925	18,578	389,328	0
	(ii)	0	0	0	0	0	0	0
4 Ciaran Donnelly SVP International Programs	(i)	311,920	0	0	29,925	24,694	366,539	0
	(ii)	0	0	0	0	0	0	0
5 Jennifer Sime SVP US Programs	(i)	348,279	0	0	32,775	9,863	390,917	0
	(ii)	0	0	0	0	0	0	0
6 Amanda Seller ( until 04/01/2020 ) Senior Vice President, Revenue	(i)	108,133	0	82,376	8,397	2,520	201,426	0
	(ii)	0	0	0	0	0	0	0
7 Madlin J. Sheerman Senior Vice President, Operations &	(i)	384,536	0	5,160	27,075	24,832	441,603	0
	(ii)	0	0	0	0	0	0	0
8 Madeleine Fackler Chief Information Officer	(i)	332,720	0	0	29,925	18,562	381,207	0
	(ii)	0	0	0	0	0	0	0
9 Brian Johnson Chief HR Officer	(i)	320,575	0	0	29,925	24,859	375,359	0
	(ii)	0	0	0	0	0	0	0
10 Susan Ringler Chief Ethics and Compliance Officer	(i)	297,616	0	0	22,717	9,754	330,087	0
	(ii)	0	0	0	0	0	0	0
11 Ourania Dionysiou Vice President , IPP and GPPS	(i)	288,033	0	0	22,879	9,925	320,837	0
	(ii)	0	0	0	0	0	0	0
12 Kelly Moody Vice President, USA Philanthropy	(i)	262,445	0	0	24,621	13,948	301,014	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

Part I Line 4a During the reporting period Amanda Seller paid severance amounting \$82,376. This amount is reported on Schedule J

Part II, Column B (iii)

Part I Line 4b David Miliband participates in a supplemental non-qualified retirement plan. During the reporting period IRCs 457f

contribution was of \$47,575. 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 100,000 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 2 IRC provides a housing allowance and grosses up payments for certain amounts paid for the president pursuant to his

employment contract. Such amounts are included in other reportable compensation on Schedule J, Part II, Column(B)(iii).

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>INTERNATIONAL RESCUE COMMITTEE, INC</b>	Employer identification number <b>13-5660870</b>
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		1,021,201	FMV/Receipts
6 Cars and other vehicles . . . . .	X	17	619,621	FMV/Receipts
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X		4,078,675	FMV/Receipts
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Fuel and Parts ) . . . . .	X		1,790,053	FMV/Receipts
26 Other ▶ ( Emergency Kit ) . . . . .	X		1,899,791	FMV/Receipts
27 Other ▶ ( Advertising ) . . . . .	X		708,510	FMV/Receipts
28 Other ▶ ( Generator and other ) . . . . .	X		263,769	FMV/Receipts

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .	<b>29</b>
--	-----------

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

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

Part I Line 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 40+ countries we work in including our US program offices. The number of individual contributions of goods would easily number in the 100s of thousands of items. HQ does not track to that level of detail but has all of the supporting documentation and invoices utilized for valuation and recording in the US and country locations.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Employer identification number

13-5660870

Form 990, Part III, Line 4d: Program Service Expenses: 92,251,523, Grants and allocations:

50,243,855, Revenue: 144,345 In Asia, the IRC responded to the health needs of internally

displaced persons, refugees, and host communities across Afghanistan, Bangladesh, Myanmar,

Pakistan, and Thailand. In Afghanistan, the IRC intervened to respond to the collapse of local

economies and ensure safety of staff in the change of local power. In Myanmar, the IRC

supported hard-to-reach populations through the delivery of health, livelihoods, and economic

recovery programs, and in Thailand, the IRC continued to provide reproductive health services

to individuals and families residing in camps.

Form 990, Part III, Line 4d: Program Service Expenses: 87,054,897, Grants and allocations:

9,420,948, Revenue: 0 IRC employed expert staff and advisors in sectors including Economic

Recovery and Development, Health, Governance, Education, and Violence Prevention and Response.

The IRC maintained units that provided logistical and administrative support to the country

programs listed above and advanced Gender Equality Diversity, and Inclusion as well as

ensuring innovation and data-informed decision-making. Finally, the IRCs Emergency Response

team, which operated in Afghanistan at the height of crisis, lent surge support and expertise

to IRC teams across the globe.

Form 990, Part III, Line 4d: Program Service Expenses: 893,689, Grants and allocations:

225,129, Revenue: 0 In FY21, RAI Europe worked across Europe to assist refugees and asylum

seekers in camps and urban areas. In Greece, Serbia, Italy, Germany and the UK, the IRC

supported the government and local organizations to implement migrant integration programs.

Form 990, Part III, Line 4d: Program Service Expenses: 19,132,379, Grants and allocations:

9,620,673, Revenue: 387,702 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 partners. In response to the

Venezuela crisis, the IRC in Colombia provided child protection and reproductive and primary

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

HTA

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization INTERNATIONAL RESCUE COMMITTEE, INC	Employer identification number 13-5660870
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health services to women and families in need, working with partners in Peru and Ecuador to reach the growing need.

Form 990, Part I, Line 5: IRC's global workforce is approximately 15,000 employees. The 3,152 only represents staff on the NY Headquarters payroll covering HQ, US office locations and international expatriate employees. The remaining approximate 12,000 staff are national staff paid in-country via local payroll systems and pay into local tax systems of their respective country locations.

Form 990, Part V, Line 2a: IRC's global workforce is approximately 15,000 employees. The 3,152 only represents staff on the NY Headquarters payroll covering HQ, US office locations and international expatriate employees. The remaining approximate 12,000 staff are national staff paid in-country via local payroll systems and pay into local tax systems of their respective country locations.

Form 990, Part VI, Section B, Line 11b: The form 990 and all related schedules are prepared by the Associate Controller. The legal team is consulted for relevant disclosures and the 990 is reviewed with the CFO and CEO. The Form 990 is distributed electronically to all members of the Board of Directors prior to filing electronically on the due date.

Form 990, Part VI, Section B, Line 12c: Per 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

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC

Employer identification number

13-5660870

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

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

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

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 a 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](http://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 (\$497,708), exchange rate gain

\$5,201,355 and restatement of beginning of year net assets to remove wholly-owned subsidiaries

\$( 12,379,949)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
INTERNATIONAL RESCUE COMMITTEE, INC

Employer identification number  
13-5660870

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) IRC Hellas Apollon Tower, Louizis Riankour 64 Athens 11523, Greece	Humanitarian Aid	Greece			IRC	X	
(2) IRC Deutschland gGmbH Wallstrasse 15 A Berlin 10179, Germany	Humanitarian Aid	Germany			IRC	X	
(3) International Rescue Committee Sverige Insamlingsstiftelse Magnus Ladulasgatan 3 Stockholm 11865, Sweden	Humanitarian Aid	Sweden			IRC	X	
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

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

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

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

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) IRC Hellas	r	5,400,005	Cash
(2) IRC Deutschland gGmbH	r	2,354,440	Cash
(3) IRC Deutschland gGmbH	s	63,947,508	Cash
(4) International Rescue Committee Sverige Insamlingsstiftelse	r	3,239,119	Cash
(5)			
(6)			

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

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

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