

# Return of Organization Exempt From Income Tax

**2016**

**Open to Public Inspection**

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning 10/1/2016, and ending 9/30/2017

**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 MILLIBAND 122 EAST 42ND STREET,, NEW YORK, NY 10168

**G** Gross receipts \$ 760,283,350

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates 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

**H(c)** Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>The IRC helps people whose lives and livelihood 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>	<b>33</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<b>32</b>
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .	<b>5</b>	<b>2,041</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<b>7,674</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	<b>0</b>
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> 730,809,685	<b>Current Year</b> 710,339,839
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	0	9,596,011
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	3,654,303	4,154,514
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	2,339,420	3,734,150
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	736,803,408	727,824,514
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	327,160,781	279,439,833
	<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) . . . . .	278,209,881	291,859,479
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	493,634	3,511,530
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>29,436,925</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	120,363,768	119,288,346
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	726,228,064	694,099,188
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	10,575,344	33,725,326
	<b>20</b>	Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b> 286,756,903	<b>End of Year</b> 374,727,943
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	110,922,393	160,668,495
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	175,834,510	214,059,448

**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: 06/19/2018  
 Type or print name and title: Oscar Raposo, CFO

**Paid Preparer Use Only**

Print/Type preparer's name: David M Highfill Preparer's signature: David M. Highfill Date: 6/20/2018 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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The IRC helps people whose lives and livelihood 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 259,075,583 including grants of \$ 129,423,921 ) (Revenue \$ 7,337,005 ) In FY2017, IRC was present in 19 countries throughout Africa, where it provided relief, rehabilitation and post-conflict support to communities in the midst of or recently recovering from conflict, violence and natural disasters. Throughout West Africa, in Nigeria, Ivory Coast, Liberia and Sierra Leone, IRC worked in close cooperation with government and local communities to provide post-conflict assistance to rebuild areas and institutions devastated by decades of civil war. In Burundi, Uganda and Tanzania, IRC worked with refugees, returnees and host communities to ensure that critical support reached those most in need. IRC programs in Libya, Cameroon, South Sudan, Zimbabwe, the Central African Republic and the Democratic Republic of Congo helped communities recover from conflict, chronic poverty and government instability. IRC provided relief and post-conflict development in Kenya, Somalia and Ethiopia, while programming in Mali, Niger and Chad provided lifesaving assistance during drought emergencies as well as during periods of political instability and armed conflict.

4b (Code: ) (Expenses \$ 124,321,752 including grants of \$ 51,904,022 ) (Revenue \$ 0 ) In the Middle East, IRC called attention to the plight of those uprooted by turmoil in Syria and helped support thousands of Syrian refugees in Iraq, Jordan, Lebanon and Turkey. IRC was present in Yemen to provide support for those whose lives and families have been disrupted by the ongoing political tumult and violence in the country, particularly by supplying programs in water, sanitation and child nutrition.

4c (Code: ) (Expenses \$ 83,792,390 including grants of \$ 55,169,068 ) (Revenue \$ 3,257,557 ) In FY17, IRCs programming also spanned parts of Central and Southeast Asia. In Afghanistan, IRC focused on providing returning refugees and internally displaced Afghans with shelter, water and sanitation and improving the nations healthcare, infrastructure and economy. In Myanmar, IRC provided humanitarian assistance focused on health, livelihoods, social development, and water and sanitation. IRC also provided support for displaced individuals and families who will be resettled in the United States via IRC centers throughout Thailand and Malaysia. In Pakistan, IRC rebuilt homes, schools, roads and other infrastructure, in addition to providing educational programming for hundreds of thousands of students through the Pakistan Reading Project.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 152,331,499 including grants of \$ 42,942,822 ) (Revenue \$ 3,336,452 )

4e Total program service expenses 619,521,224

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
<b>3</b> 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
<b>4 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
<b>11</b> 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.		
<b>a</b> 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>b</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	
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	X	
<b>b</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	
<b>15</b> 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	
<b>16</b> 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	
<b>17</b> 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	
<b>18</b> 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	
<b>19</b> 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

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

		Yes	No
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	
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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36	<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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
	<b>1a</b> 424		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
	<b>1c</b>		
<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> 2,041		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
	<b>2b</b>		
	<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>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i> . . . . .		
	<b>3b</b>		
<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>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶ See Attached Statement</b> 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>5a</b>		
<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>5b</b>		
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
	<b>5c</b>		
<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>6a</b>		
<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>6b</b>		
<b>7 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>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
	<b>7b</b>		
<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>7c</b>		
<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>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		X
	<b>7g</b>		
<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>7h</b>		
<b>8 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? . . . . .			X
	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		X
	<b>9a</b>		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
	<b>9b</b>		
<b>10 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 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 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 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? . . . . .		X
	<b>14a</b>		
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i> . . . . .		
	<b>14b</b>		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 33		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
	<b>1b</b> 32		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

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

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

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed	▶ See Attached Statement
<b>18</b>	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
<b>19</b>	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶ DANUSIA DZIERZBINSKI    212-551-2914 122 EAST 42ND STREET, NEW YORK, NY 10168	

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Thomas Nides Director	1.00 0.00	X						0	0	0
(16) Michael J. O Neill Director	1.00 0.00	X						0	0	0
(17) Anjali Pant Director	1.00 0.00	X						0	0	0
(18) Dr. Kathleen M. Pike Director	1.00 0.00	X						0	0	0
(19) Queen Rania Al-Abdullah Director	1.00 0.00	X						0	0	0
(20) Omar Saeed Director	1.00 0.00	X						0	0	0
(21) Pamela Saunders-Albin Director	1.00 0.00	X						0	0	0
(22) Dr. Rajiv Shah Director	1.00 0.00	X						0	0	0
(23) Gordon A. Smith Director	1.00 0.00	X						0	0	0
(24) Gillian Sorensen Director	1.00 0.00	X						0	0	0
(25) Sally Susman Director	1.00 0.00	X						0	0	0
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								4,231,058	0	435,293
<b>d Total (add lines 1b and 1c)</b>								4,231,058	0	435,293

**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 **187**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or 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
DAY PITNEY LLP One International Place Boston, MA 02110	Consulting	1,196,679
KEY ACQUISITION PARTNERS I 2525 River Rd, Annapolis, MD 21401	Digitl Fundraising Consultant	1,010,109
BAO SYSTEMS LLC 1001 N 19th St. Suite 1200 ARLINGTON, VA 22209	Consulting	887,751
KPMG LLP 345 Park Ave. New York, NY 10154	Financial Audit Service	555,400
SASM AND F LLP 1440 New York Ave. NW WASHINGTON, DC 20005	Consulting	539,448

**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 **37**



**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> 9,722					
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 6,886,270					
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0					
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b> 415,369,471					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 288,074,376					
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ 11,260,924						
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		710,339,839				
	Program Service Revenue			<b>Business Code</b>				
		<b>2a</b>	US Agency for International Development (U	900099	4,755,139	4,755,139		
<b>b</b>		Department for International Development (C	900099	4,840,872	4,840,872			
<b>c</b>		-----		0				
<b>d</b>		-----		0				
<b>e</b>		-----		0				
<b>f</b>		All other program service revenue . . . . .		0				
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		9,596,011				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,456,256	0	0	2,456,256	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .			0		0	
	<b>5</b>	Royalties . . . . .		0	0	0	0	
	<b>6a</b>	Gross rents . . . . .	(i) Real	4,050				
			(ii) Personal					
			<b>b</b>	Less: rental expenses . . . . .	11,637			
			<b>c</b>	Rental income or (loss) . . . . .	-7,587	0		
	<b>d</b>	Net rental income or (loss) . . . . .		-7,587	0	0	-7,587	
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	33,347,736	0			
			(ii) Other					
			<b>b</b>	Less: cost or other basis and sales expenses . . . . .	31,649,478	0		
			<b>c</b>	Gain or (loss) . . . . .	1,698,258	0		
	<b>d</b>	Net gain or (loss) . . . . .		1,698,258	0	0	1,698,258	
	<b>8a</b>	Gross income from fundraising events (not including \$ 6,886,270 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	204,455				
			<b>b</b>	Less: direct expenses . . . . .	797,721			
			<b>c</b>	Net income or (loss) from fundraising events . . . . .		-593,266	0	-593,266
			<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	0		
	<b>b</b>	Less: direct expenses . . . . .			0			
	<b>c</b>	Net income or (loss) from gaming activities . . . . .				0	0	0
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0				
<b>b</b>			Less: cost of goods sold . . . . .	0				
<b>c</b>			Net income or (loss) from sales of inventory . . . . .		0	0	0	
Miscellaneous Revenue		<b>Business Code</b>						
<b>11a</b>	IOM Loan Collection Fees	900099	1,664,481	1,664,481	0	0		
<b>b</b>	Immigration Processing Fees	900099	1,520,015	1,520,015	0	0		
<b>c</b>	-----				0			
<b>d</b>	All other revenue . . . . .		1,150,507	1,150,507	0	0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		4,335,003					
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		727,824,514	13,931,014	0	3,553,661		

**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 . . . . .	3,255,411	3,255,411		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	29,349,615	29,349,615		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	246,834,807	246,834,807		
4	Benefits paid to or for members . . . . .	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	3,121,968	964,366	1,620,983	536,619
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			
7	Other salaries and wages . . . . .	255,266,912	221,875,846	23,986,368	9,404,698
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	6,659,141	4,929,526	1,189,367	540,248
9	Other employee benefits . . . . .	19,763,384	15,312,143	3,155,132	1,296,109
10	Payroll taxes . . . . .	7,048,074	5,081,434	1,399,272	567,368
11	Fees for services (non-employees):				
a	Management . . . . .	0			
b	Legal . . . . .	1,075,656	689,511	351,893	34,252
c	Accounting . . . . .	1,020,846	371,697	645,247	3,902
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	3,511,530			3,511,530
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	15,165,598	7,506,528	5,907,543	1,751,527
12	Advertising and promotion . . . . .	7,509,438	396,962	132,172	6,980,304
13	Office expenses . . . . .	19,367,262	15,878,356	1,029,901	2,459,005
14	Information technology . . . . .	7,210,919	4,441,051	2,303,664	466,204
15	Royalties . . . . .	0			
16	Occupancy . . . . .	20,389,963	17,464,107	2,102,804	823,052
17	Travel . . . . .	34,312,808	32,213,446	1,630,971	468,391
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	3,541,680	2,963,089	415,112	163,479
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	1,524,620	803,207	538,419	182,994
23	Insurance . . . . .	2,274,820	2,078,423	133,284	63,113
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Recruitment	934,247	714,776	143,155	76,316
b	Dues & Registration	410,669	233,312	142,391	34,966
c	Subscriptions	320,051	136,277	173,136	10,638
d	Project evaluations	188,709	188,709	0	0
e	All other expenses	4,041,060	5,838,625	-1,859,775	62,210
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	694,099,188	619,521,224	45,141,039	29,436,925
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 . . . . .	44,765,873	<b>1</b>	104,551,107
	<b>2</b> Savings and temporary cash investments . . . . .	25,929,892	<b>2</b>	50,589,604
	<b>3</b> Pledges and grants receivable, net . . . . .	72,452,855	<b>3</b>	75,415,301
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	720,776	<b>7</b>	245,354
	<b>8</b> Inventories for sale or use . . . . .	12,120,187	<b>8</b>	7,200,792
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,650,560	<b>9</b>	4,529,981
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 15,894,577		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 11,363,360	5,300,719	<b>10c</b> 4,531,217
	<b>11</b> Investments—publicly traded securities . . . . .	72,838,763	<b>11</b>	93,298,281
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	43,919,547	<b>12</b>	30,989,715
	<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 . . . . .	4,057,731	<b>15</b>	3,376,591
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	286,756,903	<b>16</b>	374,727,943	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	46,519,718	<b>17</b>	50,628,954
	<b>18</b> Grants payable . . . . .	48,236,027	<b>18</b>	94,658,824
	<b>19</b> Deferred revenue . . . . .	2,705,854	<b>19</b>	2,811,607
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	549,098	<b>21</b>	498,124
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<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 . . . . .	12,911,696	<b>25</b>	12,070,986
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	110,922,393	<b>26</b>	160,668,495
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	79,285,995	<b>27</b>	92,104,977
	<b>28</b> Temporarily restricted net assets . . . . .	41,644,743	<b>28</b>	67,038,731
	<b>29</b> Permanently restricted net assets . . . . .	54,903,772	<b>29</b>	54,915,740
	<b>Organizations that do not follow SFAS 117 (ASC958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	175,834,510	<b>33</b>	214,059,448	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	286,756,903	<b>34</b>	374,727,943	

**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>	727,824,514
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	694,099,188
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	33,725,326
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	175,834,510
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	10,864,910
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-6,365,298
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	214,059,448

**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 in 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 in Schedule O and describe any steps taken to undergo such audits . . . . .	X	



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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	451,017,146	556,423,123	682,076,363	730,809,683	710,339,839	3,130,666,154
<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 . . . . .	451,017,146	556,423,123	682,076,363	730,809,683	710,339,839	3,130,666,154
<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.						3,130,666,154

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	451,017,146	556,423,123	682,076,363	730,809,683	710,339,839	3,130,666,154
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,585,738	1,505,164	1,796,887	1,843,426	2,456,652	9,187,867
<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.) . . . . .	2,876,902	3,063,651	3,693,295	3,424,133	6,333,916	19,391,897
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						3,159,245,918
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	9,596,011
<b>13 First five 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 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	99.10%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.14%
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2015.</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—2016.</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—2015.</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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2015 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>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<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 (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> 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 (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<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>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	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	0 0
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8	0 0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	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	2	
3	Subtract line 2 from line 1d.	3	0 0
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	0 0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0 0
6	Multiply line 5 by .035.	6	0 0
7	Recoveries of prior-year distributions	7	0 0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	0 0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2	Enter 85% of line 1	2	0
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4	Enter greater of line 2 or line 3.	4	0
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	0
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013 . . . . .			
d From 2014 . . . . .			
e From 2015 . . . . .			
f <b>Total</b> of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2016 distributable amount			0
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.	0		
4 Distributions for 2016 from Section D, line 7: \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2016 distributable amount			0
c Remainder. Subtract lines 4a and 4b from 4.	0		
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0	
6 Remaining underdistributions for 2016. 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 2017.</b> Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a			
b Excess from 2013 . . . . .	0		
c Excess from 2014 . . . . .	0		
d Excess from 2015 . . . . .	0		
e Excess from 2016 . . . . .	0		

**Part VI**

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

Part II Section B Line 10 The amount shown as other income relates to the following 3  
components also noted on Part VIII, Line 11. 1- IOM Loan Collection Fees related to the  
loans given to refugees to cover the cost of their resettlement in the US, whereby the  
resettling agency collects the loan and retains 25% of the revenues; the 75% is returned  
to IOM for issuing future loans. .

Part II Section B Line 10( Continued) 2- Immigration processing fees related to the filing  
paperwork for green card and other immigration paperwork whereby the refugees cover the  
fee. 3-Miscellaneous revenue relates to various rebates received, point redemptions on  
credit cards, contract fee , miscellaneous credits and other non-program revenues received  
during the year.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> INTERNATIONAL RESCUE COMMITTEE, INC.	<b>Employer identification number</b> 13-5660870
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

<b>Name of organization</b> INTERNATIONAL RESCUE COMMITTEE, INC.	<b>Employer identification number</b> 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	Bureau of Population Refugees & Migration (BPRM) 2201 C Street NW Washington DC 20520 Foreign State or Province: _____ Foreign Country: _____	\$ 74,134,299	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Department for International Development (DFID) 1 Palace Street SW 1E-5HE Foreign State or Province: London Foreign Country: United Kingdom (England, Northern Ire	\$ 73,229,283	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	Office of Foreign Disaster Assistance (OFDA) 1300 Pennsylvania Avenue, NW Washington DC 20523-1000 Foreign State or Province: _____ Foreign Country: _____	\$ 70,128,207	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	\$ 68,642,330	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	US Agency for International Development (USAID) 1300 Pennsylvania Avenue, NW Washington DC 20523-1000 Foreign State or Province: _____ Foreign Country: _____	\$ 59,945,322	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	\$ 44,151,063	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> INTERNATIONAL RESCUE COMMITTEE, INC.	<b>Employer identification number</b> 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: _____	\$ 42,611,907	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	United Nations Children's Fund (UNICEF) 3 United Nations Plaza New York NY 10017 Foreign State or Province: _____ Foreign Country: _____	\$ 19,265,743	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: _____ Foreign Country: _____	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- 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.)



<b>Name of organization</b> INTERNATIONAL RESCUE COMMITTEE, INC.	<b>Employer identification number</b> 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
2	Emergency Program Materials ----- ----- -----	\$ 1,280,422	9/30/2017
6	Fuel and Spare Parts Emergency Program Materials ----- -----	\$ 970,314	9/30/2017
8	Emergency Program Materials ----- ----- -----	\$ 2,106,148	9/30/2017
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

<b>Name of organization</b> INTERNATIONAL RESCUE COMMITTEE, INC.	<b>Employer identification number</b> 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

**2016**

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

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

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

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

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

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

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

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

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

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

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

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

3 Volunteer hours . . . . .

**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 (grass roots 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount				0	0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					0
<b>c</b> Total lobbying expenditures				0	0
<b>d</b> Grassroots nontaxable amount				0	0
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					0
<b>f</b> Grassroots lobbying expenditures				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		38,133
<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 . . . . .			38,133
<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)

Supplemental Financial Statements

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount      |
|--|-------------|
| <b>c</b> Beginning balance             | <b>1c</b>   |
| <b>d</b> Additions during the year     | <b>1d</b>   |
| <b>e</b> Distributions during the year | <b>1e</b>   |
| <b>f</b> Ending balance                | <b>1f</b> 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	106,977,000	103,804,000	112,162,000	106,512,000	93,806,000
<b>b</b> Contributions	59,000	584,000	685,000	3,178,000	4,132,000
<b>c</b> Net investment earnings, gains, and losses	10,030,000	7,545,000	-4,085,000	7,919,000	13,623,000
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	4,998,000	4,956,000	4,958,000	5,447,000	5,049,000
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	112,068,000	106,977,000	103,804,000	112,162,000	106,512,000

- 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 ▶ 49%
  - c** Temporarily restricted endowment ▶ 7%
- 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  | <b>3a(i)</b>  | X  |
| <b>(ii)</b> related organizations   | <b>3a(ii)</b> | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 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	0
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	8,563,633	5,757,461	2,806,172
<b>d</b> Equipment	0	3,573,482	2,356,602	1,216,880
<b>e</b> Other	0	3,757,462	3,249,297	508,165

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 4,531,217

**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 Closed end Micro Fund	0	F
(A) Direct Lending Fund	6,585,450	F
(B) Limited Partnership	24,404,265	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>30,989,715</b>	

**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.) ▶	<b>0</b>	

**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.) ▶	<b>0</b>

**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	1,031,823
(3) Annuity Liability Related to Split interest agree	6,951,640
(4) Deferred Rent	4,087,523
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>12,070,986</b>

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	762,670,983
<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>	10,864,910	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	0	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	23,172,200	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 34,037,110
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 728,633,873
<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>	0	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	-809,359	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> -809,359
<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> 727,824,514

**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>	718,254,289
<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>	0	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	0	
<b>c</b>	Other losses . . . . .	<b>2c</b>	0	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	24,155,101	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 24,155,101
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 694,099,188
<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>	0	
<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> 0
<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> 694,099,188

**Part XIII Supplemental Information.**

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

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

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

**Part XIII Supplemental Information** (continued)

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

Part X Line 2 The Internal Revenue Service has ruled that, pursuant to Section 501(c)(3) of the Internal Revenue Code (the Code), IRC is exempt from federal income taxes and is a publicly supported organization, as defined in Section 509(a)(1) of the Code. As a not for profit organization, IRC is also exempt from state and local income taxes. Accordingly, IRC is not subject to income taxes except to the extent it has taxable income from activities that are not related to its exempt purposes. IRC utilizes a threshold of more likely than not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. No provision for income taxes was required for fiscal year 2017 or 2016.

Part XI Line 2d The amount includes subsidiary revenue amounting \$23,377,670 included in audited consolidated financial statement and change in Value of split interest amounting \$205,470.

Part XI Line 4b The amount includes sublet rent expenses (\$11,637) and special event expenses (\$797,722)

Part XII Line 2d The amount includes subsidiary expense amounting \$23,345,743 included in audited consolidated financial statement, sublet rent expenses amounting \$11,637 and special event expenses amounting \$797,722

**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.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**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)	3	17	Program Services		12,770,113
(2) Europe (Including Iceland and Greenland)			Grants to recipients		7,955,149
(3) Central America and the Caribbean			Program Services		75,158
(4) Central America and the Caribbean			Grants to recipients		11,631
(5) Middle East and North Africa	5	2,129	Program Services		58,313,544
(6) Middle East and North Africa			Grants to recipients		51,904,022
(7) Sub-Saharan Africa	18	5,752	Program Services		126,500,281
(8) Sub-Saharan Africa			Grants to recipients		131,445,879
(9) East Asia and the Pacific	2	793	Program Services		15,307,156
(10) East Asia and the Pacific			Grants to recipients		29,919,069
(11) South Asia	2	865	Program Services		13,378,683
(12) South Asia			Grants to recipients		26,001,633
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	30	9,556			473,582,318
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c</b> Totals (add lines 3a and 3b)	30	9,556			473,582,318

**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	Health	7,363	Bank Transfer			FMV
(2)			East Asia and the Pacific	Community Development	8,247	Bank Transfer			FMV
(3)			East Asia and the Pacific	Community Development	11,540	Bank Transfer			FMV
(4)			East Asia and the Pacific	Health	12,880	Bank Transfer			FMV
(5)			East Asia and the Pacific	Community Development	16,070	Bank Transfer			FMV
(6)			East Asia and the Pacific	Health	16,099	Bank Transfer			FMV
(7)			East Asia and the Pacific	Community Development	26,420	Bank Transfer			FMV
(8)			East Asia and the Pacific	Community Development	28,032	Bank Transfer			FMV
(9)			East Asia and the Pacific	Community Development	28,707	Bank Transfer			FMV
(10)			East Asia and the Pacific	Health	30,764	Bank Transfer			FMV
(11)			East Asia and the Pacific	Health	31,707	Bank Transfer			FMV
(12)			East Asia and the Pacific	Health	35,110	Bank Transfer			FMV
(13)			East Asia and the Pacific	Health	39,489	Bank Transfer			FMV
(14)			East Asia and the Pacific	Health	39,636	Bank Transfer			FMV
(15)			East Asia and the Pacific	Health	55,969	Bank Transfer			FMV
(16)			East Asia and the Pacific	Health	66,912	Bank Transfer			FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **▶** 193

3 Enter total number of other organizations or entities . . . . . **▶** 187

**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		1,065,235	Bank Transfer			FMV
(2) HEALTH CARE	East Asia and the Pacific		974,434	Bank Transfer			FMV
(3) OTHER ASSISTANCE	East Asia and the Pacific		273,743	Bank Transfer			FMV
(4) OTHER EDUCATION	East Asia and the Pacific		746,300	Bank Transfer			FMV
(5) PROGRAM SUPPLIES & MATERIALS	East Asia and the Pacific		3,030,707	Bank Transfer	170,764	PROGRAM MATERIAL	FMV
(6) CASH ASSISTANCE	Europe (Including Iceland and Greenland)		2,807,482	Bank Transfer			FMV
(7) HEALTH CARE	Europe (Including Iceland and Greenland)		376,681	Bank Transfer			FMV
(8) OTHER EDUCATION	Europe (Including Iceland and Greenland)		107,029	Bank Transfer			FMV
(9) PROGRAM SUPPLIES & MATERIALS	Europe (Including Iceland and Greenland)		688,779	Bank Transfer	189,031	PROGRAM MATERIAL	FMV
(10) SERVICE CONTRACTS	Europe (Including Iceland and Greenland)		337,701	Bank Transfer			FMV
(11) TRANSPORTATION	Europe (Including Iceland and Greenland)		31,525	Bank Transfer			FMV
(12) CASH ASSISTANCE	Middle East and North Africa		10,185,883	Bank Transfer			FMV
(13) HEALTH CARE	Middle East and North Africa		5,759,470	Bank Transfer			FMV
(14) OTHER ASSISTANCE	Middle East and North Africa		1,807,110	Bank Transfer			FMV
(15) OTHER EDUCATION	Middle East and North Africa		341,831	Bank Transfer			FMV
(16) PROGRAM SUPPLIES & MATERIALS	Middle East and North Africa		22,207,328	Bank Transfer	392,149	PROGRAM MATERIAL	FMV
(17) SERVICE CONTRACTS	Middle East and North Africa		40,701	Bank Transfer			FMV
(18) TRANSPORTATION	Middle East and North Africa		5,605	Bank Transfer			FMV

**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; do not 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; do not 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 type of organization (US, Local NGO, Community Based Organization (CBO)

Local Government, etc.) that the funds have been granted to. All reports are reviewed by

IRC staff, periodic review visits at the partner organization occur routinely and capacity

building is performed as required.

Part III Line Column C In 2017, 23 million people in more than 40 countries and 29 U.S.

cities benefited from IRC programs that help restore health, safety, education and

economic well-being to those devastated by conflict and disaster. IRC and our partner

organization doctors, nurses and community health workers provided 23 million people with

primary health care. We provided schooling and educational opportunities to more than 1.14

million children, trained more than 44,600 educators and supported 10,791 schools. IRC and

our partner organization trained 21,273 people on child protection, GBV and protection

principles and service delivery. We reached more than 1.2 million people with awareness

raising and prevention efforts on human rights, GBV and protection. We provided

counseling, care, health and /or legal services to 33,261 children, 37,878 GBV survivors

and 74,144 individuals requiring specific legal assistance. We provided support through

safe spaces to 135,598 children and 116,580 women and girls. We provided parenting support

to 18,524 caregivers. In FY 2017, 366,500 households benefited from IRC Economic Recovery

and Development (ERD) programs and those of its partner organizations. We provided cash

and asset transfers to 179,491 households of refugees and vulnerable people. IRC helped

create or support 16,179 businesses, 73 percent of which were female-owned. We provided

job related skills training to more than 39,043 people. IRC created or supported 1,278

**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.

village savings and loan associations that benefited 31,767 members who saved nearly 1.3 Million. IRC helped more than 4,000 people access financial services. We trained 19,616 farmers in agriculture and agribusiness, and provided 19,037 farmers with access to markets and farm resources including seeds and fertilizers. In FY2017, the IRC helped over 31,000 refugees, asylees and other immigrants with supportive programs as they build their lives in the United States. The IRC helped 10,665 refugees and special immigrant visa (SIV) recipients resettle in the United States. 1,146 individuals through the Intensive Case Management program, which provides extended support for the most at risk refugees including those with medical or mental health issues. Departed 5,342 refugees to resettle in the United States through the Resettlement Support Center in East Asia. IRC helped reunite hundreds of families by filing 663 Affidavit of Relationships for 1,200 immediate relatives in Guatemala, El Salvador and Honduras through the Central America Minors program. More than 5,200 volunteers supported the work of IRCs network of 27 offices around the United States. The IRC screened 670 women across 7 offices in the United States for experiences of domestic violence through the Bridge to Safety project, enabling over 100 women to safely disclose experiences of violence to IRC staff trained to connect them to supportive services and protection as appropriate. We helped to create 134 refugee owned small businesses in the United States, and provide nearly USD500,000 in small business loans through the IRCs Microenterprise Development program. IRCs META Project provided one on one technical assistance to 20 refugee service providers and partners to help improve their programs monitoring and evaluation. IRC offices in the United States helped 245 cases of unaccompanied children by providing education, legal services, mental health support, and medical services. 1700 clients served in financial capability programs across 10 offices in the United States. Enrolled more than 150 people in individual development accounts, including helping 17 refugees purchase homes, 65 to invest in their businesses and 6 to fund education. 3,514 individuals served through the Matching Grant program.



**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	69,337	Bank Transfer			FMV
(18)			East Asia and the Pacific	Health	71,599	Bank Transfer			FMV
(19)			East Asia and the Pacific	Health	73,687	Bank Transfer			FMV
(20)			East Asia and the Pacific	Health	77,748	Bank Transfer			FMV
(21)			East Asia and the Pacific	Governance	138,125	Bank Transfer			FMV
(22)			East Asia and the Pacific	Health	177,015	Bank Transfer			FMV
(23)			East Asia and the Pacific	Community Development	297,541	Bank Transfer			FMV
(24)			East Asia and the Pacific	Community Development	309,800	Bank Transfer			FMV
(25)			East Asia and the Pacific	Health	426,975	Bank Transfer			FMV
(26)			East Asia and the Pacific	Health	879,624	Bank Transfer			FMV
(27)			East Asia and the Pacific	Shelter	15,717	Bank Transfer			FMV
(28)			East Asia and the Pacific	Shelter	20,000	Bank Transfer			FMV
(29)			East Asia and the Pacific	Shelter	42,317	Bank Transfer			FMV
(30)			East Asia and the Pacific	Health	9,897	Bank Transfer			FMV
(31)			East Asia and the Pacific	Health	10,734	Bank Transfer			FMV
(32)			East Asia and the Pacific	Health	14,600	Bank Transfer			FMV
(33)			East Asia and the Pacific	Health	29,395	Bank Transfer			FMV
(34)			East Asia and the Pacific	Health	35,205	Bank Transfer			FMV
(35)			East Asia and the Pacific	Health	35,598	Bank Transfer			FMV

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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	Health	45,833	Bank Transfer			FMV
(37)			East Asia and the Pacific	Health	54,310	Bank Transfer			FMV
(38)			East Asia and the Pacific	Protection	56,864	Bank Transfer			FMV
(39)			East Asia and the Pacific	Health	60,598	Bank Transfer			FMV
(40)			East Asia and the Pacific	Protection	76,838	Bank Transfer			FMV
(41)			East Asia and the Pacific	Protection	79,895	Bank Transfer			FMV
(42)			East Asia and the Pacific	Health	84,195	Bank Transfer			FMV
(43)			East Asia and the Pacific	Health	91,301	Bank Transfer			FMV
(44)			East Asia and the Pacific	Health	93,044	Bank Transfer			FMV
(45)			East Asia and the Pacific	Health	105,754	Bank Transfer			FMV
(46)			East Asia and the Pacific	Health	155,191	Bank Transfer			FMV
(47)			East Asia and the Pacific	Health	164,800	Bank Transfer			FMV
(48)			East Asia and the Pacific	Health	179,688	Bank Transfer			FMV
(49)			East Asia and the Pacific	Health	180,258	Bank Transfer			FMV
(50)			East Asia and the Pacific	Health	289,008	Bank Transfer			FMV
(51)			East Asia and the Pacific	Health	351,119	Bank Transfer			FMV
(52)			East Asia and the Pacific	Health	352,284	Bank Transfer			FMV
(53)			East Asia and the Pacific	Distribution	587,766	Bank Transfer			FMV
(54)			East Asia and the Pacific	Community Development	735,294	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	Distribution	757,576	Bank Transfer			FMV
(56)			East Asia and the Pacific	Distribution	851,564	Bank Transfer			FMV
(57)			East Asia and the Pacific	Health	1,626,331	Bank Transfer			FMV
(58)			East Asia and the Pacific	Education	1,751,950	Bank Transfer			FMV
(59)			East Asia and the Pacific	Distribution	2,412,139	Bank Transfer			FMV
(60)			East Asia and the Pacific	Distribution	4,398,207	Bank Transfer			FMV
(61)			East Asia and the Pacific	Distribution	4,517,709	Bank Transfer			FMV
(62)			Europe (Including Iceland and	Protection	19,049	Bank Transfer			FMV
(63)			Europe (Including Iceland and	Children & Youth Programs	24,540	Bank Transfer			FMV
(64)			Europe (Including Iceland and	Children & Youth Programs	27,403	Bank Transfer			FMV
(65)			Europe (Including Iceland and	Protection	28,222	Bank Transfer			FMV
(66)			Europe (Including Iceland and	Protection	30,536	Bank Transfer			FMV
(67)			Europe (Including Iceland and	Protection	31,047	Bank Transfer			FMV
(68)			Europe (Including Iceland and	Protection	32,544	Bank Transfer			FMV
(69)			Europe (Including Iceland and	Protection	37,526	Bank Transfer			FMV
(70)			Europe (Including Iceland and	Protection	40,165	Bank Transfer			FMV
(71)			Europe (Including Iceland and	Protection	42,274	Bank Transfer			FMV
(72)			Europe (Including Iceland and	Protection	55,445	Bank Transfer			FMV
(73)			Europe (Including Iceland and	Protection	59,155	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)			Europe (Including Iceland and	Protection	59,740	Bank Transfer			FMV
(75)			Europe (Including Iceland and	Protection	61,779	Bank Transfer			FMV
(76)			Europe (Including Iceland and	Protection	70,967	Bank Transfer			FMV
(77)			Europe (Including Iceland and	Protection	72,820	Bank Transfer			FMV
(78)			Europe (Including Iceland and	Children & Youth Programs	74,694	Bank Transfer			FMV
(79)			Europe (Including Iceland and	Children & Youth Programs	81,745	Bank Transfer			FMV
(80)			Europe (Including Iceland and	Children & Youth Programs	84,614	Bank Transfer			FMV
(81)			Europe (Including Iceland and	Protection	102,233	Bank Transfer			FMV
(82)			Europe (Including Iceland and	Children & Youth Programs	106,117	Bank Transfer			FMV
(83)			Europe (Including Iceland and	Protection	131,009	Bank Transfer			FMV
(84)			Europe (Including Iceland and	Children & Youth Programs	567,839	Bank Transfer			FMV
(85)			Europe (Including Iceland and	Health	8,246	Bank Transfer			FMV
(86)			Europe (Including Iceland and	Health	24,831	Bank Transfer			FMV
(87)			Europe (Including Iceland and	Protection	24,831	Bank Transfer			FMV
(88)			Europe (Including Iceland and	Health	25,000	Bank Transfer			FMV
(89)			Europe (Including Iceland and	Health	28,847	Bank Transfer			FMV
(90)			Europe (Including Iceland and	Health	50,000	Bank Transfer			FMV
(91)			Europe (Including Iceland and	Health	60,067	Bank Transfer			FMV
(92)			Europe (Including Iceland and	Health	133,423	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)			Europe (Including Iceland and	Health	240,986	Bank Transfer			FMV
(94)			Europe (Including Iceland and	Health	252,101	Bank Transfer			FMV
(95)			Europe (Including Iceland and	Health	402,574	Bank Transfer			FMV
(96)			Europe (Including Iceland and	Health	1,510,999	Bank Transfer			FMV
(97)			Europe (Including Iceland and	Health	1,596,454	Bank Transfer			FMV
(98)			Middle East and North Africa	Health	6,511	Bank Transfer			FMV
(99)			Middle East and North Africa	Health	27,331	Bank Transfer			FMV
(100)			Middle East and North Africa	Health	40,097	Bank Transfer			FMV
(101)			Middle East and North Africa	Health	70,655	Bank Transfer			FMV
(102)			Middle East and North Africa	Health	76,621	Bank Transfer			FMV
(103)			Middle East and North Africa	Health	76,723	Bank Transfer			FMV
(104)			Middle East and North Africa	Health	129,611	Bank Transfer			FMV
(105)			Middle East and North Africa	Health	8,424	Bank Transfer			FMV
(106)			Middle East and North Africa	Health	23,464	Bank Transfer			FMV
(107)			Middle East and North Africa	Health	44,806	Bank Transfer			FMV
(108)			Middle East and North Africa	Protection	52,537	Bank Transfer			FMV
(109)			Middle East and North Africa	Protection	58,024	Bank Transfer			FMV
(110)			Middle East and North Africa	Health	74,862	Bank Transfer			FMV
(111)			Middle East and North Africa	Health	79,006	Bank Transfer			FMV

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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	Health	79,067	Bank Transfer			FMV
(113)			Middle East and North Africa	Protection	86,668	Bank Transfer			FMV
(114)			Middle East and North Africa	Health	170,136	Bank Transfer			FMV
(115)			Middle East and North Africa	Health	247,740	Bank Transfer			FMV
(116)			Middle East and North Africa	Health	405,053	Bank Transfer			FMV
(117)			Middle East and North Africa	Community Development	10,106	Bank Transfer			FMV
(118)			Middle East and North Africa	Children & Youth Programs	12,576	Bank Transfer			FMV
(119)			Middle East and North Africa	Children & Youth Programs	15,445	Bank Transfer			FMV
(120)			Middle East and North Africa	Children & Youth Programs	21,578	Bank Transfer			FMV
(121)			Middle East and North Africa	Health	25,755	Bank Transfer			FMV
(122)			Middle East and North Africa	Community Development	34,711	Bank Transfer			FMV
(123)			Middle East and North Africa	Health	34,797	Bank Transfer			FMV
(124)			Middle East and North Africa	Health	45,613	Bank Transfer			FMV
(125)			Middle East and North Africa	Children & Youth Programs and Health	59,175	Bank Transfer			FMV
(126)			Middle East and North Africa	Children & Youth Programs	70,150	Bank Transfer			FMV
(127)			Middle East and North Africa	Community Development	79,398	Bank Transfer			FMV
(128)			Middle East and North Africa	Health	159,941	Bank Transfer			FMV
(129)			Middle East and North Africa	Health	254,848	Bank Transfer			FMV
(130)			Middle East and North Africa	Community Development	44,900	Bank Transfer			FMV

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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	Water and Sanitation	94,412	Bank Transfer			FMV
(132)			Middle East and North Africa	Community Development	181,507	Bank Transfer			FMV
(133)			Middle East and North Africa	Education	35,401	Bank Transfer			FMV
(134)			South Asia	Community Development	117,410	Bank Transfer			FMV
(135)			South Asia	Health	10,038	Bank Transfer			FMV
(136)			South Asia	Community Development	20,279	Bank Transfer			FMV
(137)			South Asia	Protection	27,656	Bank Transfer			FMV
(138)			South Asia	Protection	37,439	Bank Transfer			FMV
(139)			South Asia	Community Development	80,885	Bank Transfer			FMV
(140)			South Asia	Health	90,778	Bank Transfer			FMV
(141)			South Asia	Protection	117,863	Bank Transfer			FMV
(142)			South Asia	Protection	123,855	Bank Transfer			FMV
(143)			South Asia	Health	133,437	Bank Transfer			FMV
(144)			South Asia	Community Development	239,986	Bank Transfer			FMV
(145)			South Asia	Water and Sanitation	298,472	Bank Transfer			FMV
(146)			South Asia	Protection	387,540	Bank Transfer			FMV
(147)			South Asia	Community Development	1,198,776	Bank Transfer			FMV
(148)			South Asia	Education	2,258,098	Bank Transfer			FMV
(149)			South Asia	Education	3,815,538	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)			South Asia	Education	5,748,275	Bank Transfer			FMV
(151)			Sub-Saharan Africa	Education	38,383	Bank Transfer			FMV
(152)			Sub-Saharan Africa	Education	78,545	Bank Transfer			FMV
(153)			Sub-Saharan Africa	Education	172,532	Bank Transfer			FMV
(154)			Sub-Saharan Africa	Water and Sanitation	23,164	Bank Transfer			FMV
(155)			Sub-Saharan Africa	Health	31,662	Bank Transfer			FMV
(156)			Sub-Saharan Africa	Health	37,164	Bank Transfer			FMV
(157)			Sub-Saharan Africa	Health	39,767	Bank Transfer			FMV
(158)			Sub-Saharan Africa	Health	44,471	Bank Transfer			FMV
(159)			Sub-Saharan Africa	Health	57,858	Bank Transfer			FMV
(160)			Sub-Saharan Africa	Health	63,239	Bank Transfer			FMV
(161)			Sub-Saharan Africa	Health	90,217	Bank Transfer			FMV
(162)			Sub-Saharan Africa	Health	98,049	Bank Transfer			FMV
(163)			Sub-Saharan Africa	Health	100,913	Bank Transfer			FMV
(164)			Sub-Saharan Africa	Health	144,569	Bank Transfer			FMV
(165)			Sub-Saharan Africa	Health	146,605	Bank Transfer			FMV
(166)			Sub-Saharan Africa	Health	157,800	Bank Transfer			FMV
(167)			Sub-Saharan Africa	Health	219,539	Bank Transfer			FMV
(168)			Sub-Saharan Africa	Health	263,024	Bank Transfer			FMV



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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(169)			Sub-Saharan Africa	Health	335,285	Bank Transfer			FMV
(170)			Sub-Saharan Africa	Education	21,415	Bank Transfer			FMV
(171)			Sub-Saharan Africa	Education	91,948	Bank Transfer			FMV
(172)			Sub-Saharan Africa	Education	116,547	Bank Transfer			FMV
(173)			Sub-Saharan Africa	Education	157,786	Bank Transfer			FMV
(174)			Sub-Saharan Africa	Water and Sanitation	229,484	Bank Transfer			FMV
(175)			Sub-Saharan Africa	Water and Sanitation	274,548	Bank Transfer			FMV
(176)			Sub-Saharan Africa	Water and Sanitation	301,363	Bank Transfer			FMV
(177)			Sub-Saharan Africa	Water and Sanitation	317,988	Bank Transfer			FMV
(178)			Sub-Saharan Africa	Water and Sanitation	330,692	Bank Transfer			FMV
(179)			Sub-Saharan Africa	Water and Sanitation	372,027	Bank Transfer			FMV
(180)			Sub-Saharan Africa	Water and Sanitation	412,894	Bank Transfer			FMV
(181)			Sub-Saharan Africa	Water and Sanitation	425,276	Bank Transfer			FMV
(182)			Sub-Saharan Africa	Water and Sanitation	450,616	Bank Transfer			FMV
(183)			Sub-Saharan Africa	Water and Sanitation	453,375	Bank Transfer			FMV
(184)			Sub-Saharan Africa	Water and Sanitation	453,752	Bank Transfer			FMV
(185)			Sub-Saharan Africa	Water and Sanitation	456,708	Bank Transfer			FMV
(186)			Sub-Saharan Africa	Water and Sanitation	456,747	Bank Transfer			FMV
(187)			Sub-Saharan Africa	Water and Sanitation	463,947	Bank Transfer			FMV

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(188)			Sub-Saharan Africa	Water and Sanitation	464,893	Bank Transfer			FMV
(189)			Sub-Saharan Africa	Water and Sanitation	466,147	Bank Transfer			FMV
(190)			Sub-Saharan Africa	Water and Sanitation	472,956	Bank Transfer			FMV
(191)			Sub-Saharan Africa	Water and Sanitation	481,659	Bank Transfer			FMV
(192)			Sub-Saharan Africa	Water and Sanitation	482,417	Bank Transfer			FMV
(193)			Sub-Saharan Africa	Water and Sanitation	498,737	Bank Transfer			FMV
(194)			Sub-Saharan Africa	Water and Sanitation	2,243,800	Bank Transfer			FMV
(195)			Sub-Saharan Africa	Health	15,867	Bank Transfer			FMV
(196)			Sub-Saharan Africa	Health	16,459	Bank Transfer			FMV
(197)			Sub-Saharan Africa	Health	17,220	Bank Transfer			FMV
(198)			Sub-Saharan Africa	Protection	20,327	Bank Transfer			FMV
(199)			Sub-Saharan Africa	Health	21,898	Bank Transfer			FMV
(200)			Sub-Saharan Africa	Protection	39,565	Bank Transfer			FMV
(201)			Sub-Saharan Africa	Protection	59,538	Bank Transfer			FMV
(202)			Sub-Saharan Africa	Health	6,753	Bank Transfer			FMV
(203)			Sub-Saharan Africa	Community Development	7,623	Bank Transfer			FMV
(204)			Sub-Saharan Africa	Health	7,684	Bank Transfer			FMV
(205)			Sub-Saharan Africa	Health	10,400	Bank Transfer			FMV
(206)			Sub-Saharan Africa	Community Development	10,630	Bank Transfer			FMV

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1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(207)			Sub-Saharan Africa	Education	10,785	Bank Transfer			FMV
(208)			Sub-Saharan Africa	Education	13,005	Bank Transfer			FMV
(209)			Sub-Saharan Africa	Education	13,120	Bank Transfer			FMV
(210)			Sub-Saharan Africa	Health	15,067	Bank Transfer			FMV
(211)			Sub-Saharan Africa	Health	19,849	Bank Transfer			FMV
(212)			Sub-Saharan Africa	Health	23,738	Bank Transfer			FMV
(213)			Sub-Saharan Africa	Health	23,464	Bank Transfer			FMV
(214)			Sub-Saharan Africa	Health	24,000	Bank Transfer			FMV
(215)			Sub-Saharan Africa	Health	24,832	Bank Transfer			FMV
(216)			Sub-Saharan Africa	Health	25,939	Bank Transfer			FMV
(217)			Sub-Saharan Africa	Health	26,354	Bank Transfer			FMV
(218)			Sub-Saharan Africa	Health	27,114	Bank Transfer			FMV
(219)			Sub-Saharan Africa	Health	28,343	Bank Transfer			FMV
(220)			Sub-Saharan Africa	Health	28,935	Bank Transfer			FMV
(221)			Sub-Saharan Africa	Health	31,155	Bank Transfer			FMV
(222)			Sub-Saharan Africa	Health	38,032	Bank Transfer			FMV
(223)			Sub-Saharan Africa	Children & Youth Programs	41,743	Bank Transfer			FMV
(224)			Sub-Saharan Africa	Health	42,000	Bank Transfer			FMV
(225)			Sub-Saharan Africa	Community Development	42,933	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)			Sub-Saharan Africa	Health	46,642	Bank Transfer			FMV
(227)			Sub-Saharan Africa	Community Development	45,110	Bank Transfer			FMV
(228)			Sub-Saharan Africa	Community Development	47,531	Bank Transfer			FMV
(229)			Sub-Saharan Africa	Health	48,776	Bank Transfer			FMV
(230)			Sub-Saharan Africa	Health	52,483	Bank Transfer			FMV
(231)			Sub-Saharan Africa	Health	59,542	Bank Transfer			FMV
(232)			Sub-Saharan Africa	Community Development	58,050	Bank Transfer			FMV
(233)			Sub-Saharan Africa	Education	61,375	Bank Transfer			FMV
(234)			Sub-Saharan Africa	Health	67,835	Bank Transfer			FMV
(235)			Sub-Saharan Africa	Health	72,035	Bank Transfer			FMV
(236)			Sub-Saharan Africa	Education	79,845	Bank Transfer			FMV
(237)			Sub-Saharan Africa	Health	83,250	Bank Transfer			FMV
(238)			Sub-Saharan Africa	Health	109,291	Bank Transfer			FMV
(239)			Sub-Saharan Africa	Health	361,378	Bank Transfer			FMV
(240)			Sub-Saharan Africa	Education	1,544,313	Bank Transfer			FMV
(241)			Sub-Saharan Africa	Education	1,793,193	Bank Transfer			FMV
(242)			Sub-Saharan Africa	Health	36,571	Bank Transfer			FMV
(243)			Sub-Saharan Africa	Health	37,043	Bank Transfer			FMV
(244)			Sub-Saharan Africa	Health	38,448	Bank Transfer			FMV

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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	Health	42,805	Bank Transfer			FMV
(246)			Sub-Saharan Africa	Health	45,938	Bank Transfer			FMV
(247)			Sub-Saharan Africa	Health	47,298	Bank Transfer			FMV
(248)			Sub-Saharan Africa	Health	48,066	Bank Transfer			FMV
(249)			Sub-Saharan Africa	Health	48,491	Bank Transfer			FMV
(250)			Sub-Saharan Africa	Health	49,879	Bank Transfer			FMV
(251)			Sub-Saharan Africa	Health	84,944	Bank Transfer			FMV
(252)			Sub-Saharan Africa	Health	87,861	Bank Transfer			FMV
(253)			Sub-Saharan Africa	Health	198,653	Bank Transfer			FMV
(254)			Sub-Saharan Africa	Health	260,659	Bank Transfer			FMV
(255)			Sub-Saharan Africa	Health	300,951	Bank Transfer			FMV
(256)			Sub-Saharan Africa	Health	310,051	Bank Transfer			FMV
(257)			Sub-Saharan Africa	Health	387,913	Bank Transfer			FMV
(258)			Sub-Saharan Africa	Health	583,085	Bank Transfer			FMV
(259)			Sub-Saharan Africa	Health	694,106	Bank Transfer			FMV
(260)			Sub-Saharan Africa	Health	755,419	Bank Transfer			FMV
(261)			Sub-Saharan Africa	Health	1,153,237	Bank Transfer			FMV
(262)			Sub-Saharan Africa	Health	2,485,645	Bank Transfer			FMV
(263)			Sub-Saharan Africa	Children & Youth Programs	14,097	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	Water and Sanitation	24,950	Bank Transfer			FMV
(265)			Sub-Saharan Africa	Children & Youth Programs	28,864	Bank Transfer			FMV
(266)			Sub-Saharan Africa	Children & Youth Programs	34,066	Bank Transfer			FMV
(267)			Sub-Saharan Africa	Children & Youth Programs	69,026	Bank Transfer			FMV
(268)			Sub-Saharan Africa	Protection	8,269	Bank Transfer			FMV
(269)			Sub-Saharan Africa	Protection	15,342	Bank Transfer			FMV
(270)			Sub-Saharan Africa	Protection	49,508	Bank Transfer			FMV
(271)			Sub-Saharan Africa	Protection	10,255	Bank Transfer			FMV
(272)			Sub-Saharan Africa	Health	29,962	Bank Transfer			FMV
(273)			Sub-Saharan Africa	Protection	868,718	Bank Transfer			FMV
(274)			Sub-Saharan Africa	Protection	1,039,040	Bank Transfer			FMV
(275)			Sub-Saharan Africa	Protection	1,454,202	Bank Transfer			FMV
(276)			Sub-Saharan Africa	Health	17,845	Bank Transfer			FMV
(277)			Sub-Saharan Africa	Health	76,805	Bank Transfer			FMV
(278)			Sub-Saharan Africa	Education	78,518	Bank Transfer			FMV
(279)			Sub-Saharan Africa	Health	82,236	Bank Transfer			FMV
(280)			Sub-Saharan Africa	Health	98,680	Bank Transfer			FMV
(281)			Sub-Saharan Africa	Health	103,197	Bank Transfer			FMV
(282)			Sub-Saharan Africa	Health	116,947	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	139,952	Bank Transfer			FMV
(284)			Sub-Saharan Africa	Health	161,011	Bank Transfer			FMV
(285)			Sub-Saharan Africa	Health	178,696	Bank Transfer			FMV
(286)			Sub-Saharan Africa	Health	228,539	Bank Transfer			FMV
(287)			Sub-Saharan Africa	Health	230,036	Bank Transfer			FMV
(288)			Sub-Saharan Africa	Health	261,149	Bank Transfer			FMV
(289)			Sub-Saharan Africa	Health	266,369	Bank Transfer			FMV
(290)			Sub-Saharan Africa	Health	276,547	Bank Transfer			FMV
(291)			Sub-Saharan Africa	Education	302,889	Bank Transfer			FMV
(292)			Sub-Saharan Africa	Health	316,098	Bank Transfer			FMV
(293)			Sub-Saharan Africa	Health	337,261	Bank Transfer			FMV
(294)			Sub-Saharan Africa	Education	419,126	Bank Transfer			FMV
(295)			Sub-Saharan Africa	Health	433,715	Bank Transfer			FMV
(296)			Sub-Saharan Africa	Health	436,659	Bank Transfer			FMV
(297)			Sub-Saharan Africa	Education	477,347	Bank Transfer			FMV
(298)			Sub-Saharan Africa	Education	478,471	Bank Transfer			FMV
(299)			Sub-Saharan Africa	Health	520,654	Bank Transfer			FMV
(300)			Sub-Saharan Africa	Education	559,057	Bank Transfer			FMV
(301)			Sub-Saharan Africa	Health	973,216	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	9,282	Bank Transfer			FMV
(303)			Sub-Saharan Africa	Health	9,365	Bank Transfer			FMV
(304)			Sub-Saharan Africa	Health	11,476	Bank Transfer			FMV
(305)			Sub-Saharan Africa	Health	12,175	Bank Transfer			FMV
(306)			Sub-Saharan Africa	Health	16,366	Bank Transfer			FMV
(307)			Sub-Saharan Africa	Health	20,000	Bank Transfer			FMV
(308)			Sub-Saharan Africa	Health	29,999	Bank Transfer			FMV
(309)			Sub-Saharan Africa	Health	30,421	Bank Transfer			FMV
(310)			Sub-Saharan Africa	Distribution	89,663	Bank Transfer			FMV
(311)			Sub-Saharan Africa	Health	142,178	Bank Transfer			FMV
(312)			Sub-Saharan Africa	Health	322,849	Bank Transfer			FMV
(313)			Sub-Saharan Africa	Health	6,932	Bank Transfer			FMV
(314)			Sub-Saharan Africa	Protection	25,120	Bank Transfer			FMV
(315)			Sub-Saharan Africa	Health	51,195	Bank Transfer			FMV
(316)			Sub-Saharan Africa	Children & Youth Programs	33,142	Bank Transfer			FMV
(317)			Sub-Saharan Africa	Children & Youth Programs	40,300	Bank Transfer			FMV
(318)			Sub-Saharan Africa	Children & Youth Programs	139,828	Bank Transfer			FMV
(319)			Sub-Saharan Africa	Health	64,949	Bank Transfer			FMV
(320)			Sub-Saharan Africa	Health	199,248	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	Community Development	10,180	Bank Transfer			FMV
(322)			Sub-Saharan Africa	Community Development	127,017	Bank Transfer			FMV
(323)			Sub-Saharan Africa	Distribution	41,572	Bank Transfer			FMV
(324)			Sub-Saharan Africa	Distribution	43,993	Bank Transfer			FMV
(325)			Sub-Saharan Africa	Distribution	53,671	Bank Transfer			FMV
(326)			Sub-Saharan Africa	Distribution	68,384	Bank Transfer			FMV
(327)			Sub-Saharan Africa	Distribution	111,435	Bank Transfer			FMV
(328)			Sub-Saharan Africa	Governance	14,063	Bank Transfer			FMV
(329)			Sub-Saharan Africa	Governance	6,147	Bank Transfer			FMV
(330)			Sub-Saharan Africa	Governance	8,296	Bank Transfer			FMV
(331)			Sub-Saharan Africa	Governance	10,092	Bank Transfer			FMV
(332)			Sub-Saharan Africa	Governance	12,410	Bank Transfer			FMV
(333)			Sub-Saharan Africa	Governance	19,935	Bank Transfer			FMV
(334)			Sub-Saharan Africa	Governance	20,813	Bank Transfer			FMV
(335)			Sub-Saharan Africa	Governance	45,019	Bank Transfer			FMV
(336)			Sub-Saharan Africa	Governance	69,524	Bank Transfer			FMV
(337)			Sub-Saharan Africa	Governance	71,372	Bank Transfer			FMV
(338)			Sub-Saharan Africa	Health	13,643	Bank Transfer			FMV
(339)			Sub-Saharan Africa	Health	18,828	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)
(340)			Sub-Saharan Africa	Health	17,588	Bank Transfer			FMV
(341)			Sub-Saharan Africa	Health	25,719	Bank Transfer			FMV
(342)			Sub-Saharan Africa	Health	32,533	Bank Transfer			FMV
(343)			Sub-Saharan Africa	Health	39,700	Bank Transfer			FMV
(344)			Sub-Saharan Africa	Health	45,603	Bank Transfer			FMV
(345)			Sub-Saharan Africa	Health	58,208	Bank Transfer			FMV
(346)			Sub-Saharan Africa	Health	79,463	Bank Transfer			FMV
(347)			Sub-Saharan Africa	Health	81,550	Bank Transfer			FMV
(348)			Sub-Saharan Africa	Health	87,199	Bank Transfer			FMV
(349)			Sub-Saharan Africa	Health	89,619	Bank Transfer			FMV
(350)			Sub-Saharan Africa	Health	7,000	Bank Transfer			FMV
(351)			Sub-Saharan Africa	Health	8,493	Bank Transfer			FMV
(352)			Sub-Saharan Africa	Health	10,166	Bank Transfer			FMV
(353)			Sub-Saharan Africa	Children & Youth Programs	10,246	Bank Transfer			FMV
(354)			Sub-Saharan Africa	Health	10,400	Bank Transfer			FMV
(355)			Sub-Saharan Africa	Health	13,063	Bank Transfer			FMV
(356)			Sub-Saharan Africa	Health	14,276	Bank Transfer			FMV
(357)			Sub-Saharan Africa	Health	16,000	Bank Transfer			FMV
(358)			Sub-Saharan Africa	Health	16,080	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	18,066	Bank Transfer			FMV
(360)			Sub-Saharan Africa	Children & Youth Programs	20,134	Bank Transfer			FMV
(361)			Sub-Saharan Africa	Health	23,034	Bank Transfer			FMV
(362)			Sub-Saharan Africa	Health	24,000	Bank Transfer			FMV
(363)			Sub-Saharan Africa	Health	24,000	Bank Transfer			FMV
(364)			Sub-Saharan Africa	Health	28,709	Bank Transfer			FMV
(365)			Sub-Saharan Africa	Health	30,913	Bank Transfer			FMV
(366)			Sub-Saharan Africa	Health	35,864	Bank Transfer			FMV
(367)			Sub-Saharan Africa	Health	39,499	Bank Transfer			FMV
(368)			Sub-Saharan Africa	Health	44,474	Bank Transfer			FMV
(369)			Sub-Saharan Africa	Health	58,709	Bank Transfer			FMV
(370)			Sub-Saharan Africa	Health	65,159	Bank Transfer			FMV
(371)			Sub-Saharan Africa	Health	81,517	Bank Transfer			FMV
(372)			Sub-Saharan Africa	Health	158,099	Bank Transfer			FMV
(373)			Europe (Including Iceland and	Distribution	15,000	Bank Transfer			FMV
(374)			Europe (Including Iceland and	Distribution	15,800	Bank Transfer			FMV
(375)			Sub-Saharan Africa	Distribution	10,000	Bank Transfer			FMV
(376)			Sub-Saharan Africa	Distribution	10,000	Bank Transfer			FMV
(377)			South America	Distribution	11,631	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)			Europe (Including Iceland and	protection	6,662	Bank Transfer			FMV
(379)			Europe (Including Iceland and	IRC Affiliate	5,175,841	Bank Transfer			FMV
(380)			Europe (Including Iceland and	IRC Affiliate	488,626	Bank Transfer			FMV
(381)									
(382)									
(383)									
(384)									
(385)									
(386)									
(387)									
(388)									
(389)									
(390)									
(391)									
(392)									
(393)									
(394)									
(395)									
(396)									

**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) CASH ASSISTANCE	Sub-Saharan Africa		10,631,230	Bank Transfer			FMV
(20) HEALTH CARE	Sub-Saharan Africa		2,052,844	Bank Transfer			FMV
(21) OTHER ASSISTANCE	Sub-Saharan Africa		1,505,065	Bank Transfer			FMV
(22) OTHER EDUCATION	Sub-Saharan Africa		4,952,624	Bank Transfer			FMV
(23) PROGRAM SUPPLIES & MATERIALS	Sub-Saharan Africa		64,315,570	Bank Transfer	6,053,142	PROGRAM MATERIAL	FMV
(24) SERVICE CONTRACTS	Sub-Saharan Africa		1,165,948	Bank Transfer			FMV
(25) TRANSPORTATION	Sub-Saharan Africa		66,230	Bank Transfer			FMV
(26) CASH ASSISTANCE	South Asia		1,488,891	Bank Transfer			FMV
(27) HEALTH CARE	South Asia		53,037	Bank Transfer			FMV
(28) OTHER EDUCATION	South Asia		5,610,089	Bank Transfer			FMV
(29) PROGRAM SUPPLIES & MATERIALS	South Asia		2,882,132	Bank Transfer	1,290,275	PROGRAM MATERIAL	FMV
(30)							
(31)							
(32)							
(33)							
(34)							
(35)							
(36)							
(37)							

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC.

Employer identification number

13-5660870

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 KEY ACQUISITION PARTNERS 2525 Riva Rd, Suite 145 Annapolis MD 214	Digital fundraising		X	0	2,713,619	0
2 EIDOLON COMMUNICATION 15 MAIDEN LANE, SUITE 1401 New York	Direct mail consultant		X	0	258,250	0
3 GOTT ADVERTISING LLC 191 Skyview way San Francisco CA 94131	Digital fundraising		X	0	253,349	0
4 THINK DIGITAL SOLUTIONS LTD 22-26 Celtic Court Ballmoor Buckingham B	Digital fundraising		X	0	137,150	0
5 THE HARRINGTON AGENCY 212 S. Chester Rd. Swarthmore PA 19081	Direct mail consultant		X	0	94,244	0
6 DONOR SERVICES GROUP 6715 SUNSET BLVD. LOS ANGELES CA	Professional fundraising		X	0	34,260	0
7 PUBLIC INTEREST COMMUNICATION 7700 LEESBURG PIKE FALLS CHURCH V	Professional fundraising		X	0	20,658	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				0	3,511,530	0

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Rescue Dinner (event type)	GenR (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	6,793,789	95,633	201,303	7,090,725
	2	Less: Contributions . . . . .	6,675,389	30,153	180,728	6,886,270
	3	Gross income (line 1 minus line 2) . . . . .	118,400	65,480	20,575	204,455
Direct Expenses	4	Cash prizes . . . . .			0	0
	5	Noncash prizes . . . . .			0	0
	6	Rent/facility costs . . . . .	428,589	85,756	7,077	521,422
	7	Food and beverages . . . . .			0	0
	8	Entertainment . . . . .			0	0
	9	Other direct expenses . . . . .	161,191	82,831	32,277	276,299
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶					-593,266

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

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

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

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

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

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

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

- 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:
 

<b>13a</b>	The organization's facility . . . . .	%
<b>13b</b>	An outside facility . . . . .	%

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 and 7 The information for line 7 (food and beverages) is combined into line 6 (Rent/facility costs) as most facilities generally provide the food and beverages which are not usually not broken out separately by the vendors on invoices.

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 non-cash assistance	(h) Purpose of grant or assistance
(1) API Chaya P.O. Box 14047 Seattle, WA 98114	91-1674016	501 (C) (3)	78,003	0			Anti-Trafficking
(2) Youth Care 2500 NE 54th St. Seattle, WA 98105	91-0917079	501 (C) (3)	23,513	0			Anti-Trafficking
(3) World Relief 102 Sixth Ave, NE, Ste. A Glen Burnie	07-7078194	501 (C) (3)	15,000	0			Refugee Programs
(4) NW JUSTICE PROJECT 510 Larson Bldg , 6 S. 2nd st. Yakima,	96-2316279	501 (C) (3)	30,000	0			Refugee Programs
(5) DODGE City Community College 2501 N14th Ave. Dodge City, KS 6780	48-1164712	501 (C) (3)	7,240	0			Refugee Programs
(6) YMCA of San Diego Country 3708 Ruffin Rd San Diego, CA 92123	95-2039198	501 (C) (3)	9,375	0			Youth Programs
(7) WEAVE 2020 Hurley Way Sacramento, CA 958	94-2493158	501 (C) (3)	38,869	0			Anti-Trafficking
(8) Alhambra Elementary School Distr 4510 N. 37th Ave. Phoenix, AZ 85019	86-0857358	501 (C) (3)	40,000	0			Refugee Programs
(9) Association for Supportive Child Ca 3910 S. Rural Rd Ste. E Tempe, AZ 85	86-0332919	501 (C) (3)	41,052	0			Refugee Programs
(10) California Rural Legal Assistance II 1430 Franklin St.,Ste. 103 Oakland, CA	95-2428657	501 (C) (3)	26,250	0			Anti-Trafficking
(11) Catholic Charities Of Northeast Kan 2220 Central Ave. Kansas city, KS 661	48-1181305	501 (C) (3)	468,365	0			Refugee Programs
(12) Catholic Charities Of The Archdioc 590 North 7th St. Newark, NJ 07107	22-2164120	501 (C) (3)	94,906	0			Refugee Programs

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 32
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2016)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Community Integration	0	44,375	0	FMV	
2 Economic Empowerment	0	2,396,640	21,008	FMV	Materials
3 Education Programs	0	65,358	0	FMV	
4 Health programming	0	1,945,816	304,877	FMV	Health Supplies
5 Matching Grant Programs	0	4,941,889	2,218,617	FMV	Clothing ,Household items
6 Resettlement Programs	0	16,806,205	375,781	FMV	Clothing ,Household items
7 Immigration Service	0	42,189	0	FMV	

**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 3 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 within the US including but not limited to reviewing programmatic and financial reports, on-site monitoring, visits, phones contacts as well as capacity building as required.

Part III Line Col B Number of recipients is noted it total for the year. During 2017, in the United States, the IRC helped resettle some 10,665 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) Catholic Charities Of The Texas Panhandle PO Box 15127 Amarillo, TX 79105	75-0818147	501 (C) (3)	169,089	0			Refugee Programs
(14) Catholic Charities Diocese Of Camden 1845 Haddon ave. Camden, NJ 08103	22-3759994	501 (C) (3)	179,784	0			Refugee Programs
(15) Catholic Charities Of The Archdiocese Of Newark 590 North 7th St. Newark, NJ 07107	22-2164120	501 (C) (3)	253,758	0			Refugee Programs
(16) Church World Services Inc. 26 Journal Square, Ste. 600 Jersey City, NJ 07310	13-4080201	501 (C) (3)	393,167	0			Refugee Programs
(17) Diocesan Migrant & Refugee Services Inc. 2400-A E Yandell El Paso, TX 79903	74-2723627	501 (C) (3)	121,112	0			Refugee Programs
(18) Domestic and Foreign Missionary Society 815 2nd Ave New York, NY 10017	13-5562208	501 (C) (3)	22,016	0			Refugee Programs
(19) Glendale Union High School District 650 N 43rd Ave Glendale, AZ 85301	74-2490334	501 (C) (3)	61,926	0			Refugee Programs
(20) Jewish Family And Vocational Service 32 Ford Ave 2nd Floor Milltown, NJ 08850	22-2281774	501 (C) (3)	84,903	0			Refugee Programs
(21) National Partnership For New Americans 1818 S PAULINA ST. Chicago, IL 60608	45-3419142	501 (C) (3)	82,500	0			Refugee Programs
(22) Newark Community Health Center 741 Broadway Newark, NJ 07104	22-2747589	501 (C) (3)	171,023	0			Refugee Programs
(23) North Hudson Community Action Corporation 800 31st St. Union City, NJ 07087	22-1818699	501 (C) (3)	127,466	0			Refugee Programs
(24) Phoenix Dream Center 13613 N Cave Creek Rd. Phoenix, AZ 85022	45-1456334	501 (C) (3)	42,706	0			Anti-Trafficking
(25) Phoenix Union High School District 4502 N Central Phoenix, AZ 85012	86-6000534	GOVT Arizona	8,057	0			Anti-Trafficking
(26) Project H.O.P.E. Inc. 519-525 West St. Camden, NJ 08103	20-4133180	501 (C) (3)	66,008	0			Refugee Programs
(27) Refugee Services Of Texas 9241 Lyndon B. Johnson Freeway Ste. 210 Dallas, TX 75243	75-1618251	501 (C) (3)	387,612	0			Refugee Programs
(28) Southern Jersey Family Medical Centers 1 N White Horse Pike Hammonton, NJ 08037	22-2159336	501 (C) (3)	50,582	0			Refugee Programs
(29) Streetlightusa PO Box 6178 Peoria, AZ 85385	26-4359672	501 (C) (3)	40,528	0			Anti-Trafficking

# 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) Washington Elementary School District 4650 West Sweetwater Glendale, AZ 85304	26-4506702	GOVT Arizona	46,694	0			Refugee Programs
(31) Advocates for Youth 2000 M st., NW STE. 750, WASHINGTON, DC	52-1173590	501 (C) (3)	12,500	0			Youth Programs
(32) Catholic Charities Diocese of San Diego 4575 A Mission Gorge Place San Diego, CA 9	23-7334012	501 (C) (3)	10,000	0			Refugee Programs
(33) .....							
(34) .....							
(35) .....							
(36) .....							
(37) .....							
(38) .....							
(39) .....							
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(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 Youth Program	0	186,861	0	FMV	
9					
10					
11					
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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2016**

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

▶ Attach to Form 990.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

INTERNATIONAL RESCUE COMMITTEE, INC.

13-5660870

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	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 type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)		
<b>b</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 . . . . .		
<b>2</b>	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? . . . . .		
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b>	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:		
<b>a</b>	Receive a severance payment or change-of-control payment? . . . . .	X	
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .	X	
<b>c</b>	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.		X
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b>			
<b>5</b>	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:		
<b>a</b>	The organization? . . . . .		X
<b>b</b>	Any related organization? . . . . . If "Yes" on line 5a or 5b, describe in Part III.		X
<b>6</b>	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:		
<b>a</b>	The organization? . . . . .		X
<b>b</b>	Any related organization? . . . . . If "Yes" on line 6a or 6b, describe in Part III.		X
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
<b>8</b>	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 . . . . .		X
<b>9</b>	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)	708,754		130,149	25,175	22,806	886,884	83,324
	(ii)						0	
2 David Johnson CFO, SVP Finance	(i)	395,867			16,073	16,348	428,288	
	(ii)						0	
3 Ciaran Donnelly SVP International Programs	(i)	277,813			25,175	8,817	311,805	
	(ii)						0	
4 Jennifer Sime SVP US Programs	(i)	249,143			26,403	8,759	284,305	
	(ii)						0	
5 Amanda Seller Senior Vice President, Revenue	(i)	394,788			25,175	9,069	429,032	
	(ii)						0	
6 Madlin Sadler Senior Vice President, Operations &	(i)	334,629			16,699	22,405	373,733	
	(ii)						0	
7 Jodi Nelson Senior Vice President Policy & Practi	(i)	361,976			25,246	20,824	408,046	
	(ii)						0	
8 Madeleine Fackler Chief Information Officer	(i)	315,092			27,825	20,597	363,514	
	(ii)						0	
9 Mania Boyder Vice President Development	(i)	300,936			27,825	22,449	351,210	
	(ii)						0	
10 Colleen Ryan Vice President Strategic Communica	(i)	264,800			25,175	8,724	298,699	
	(ii)						0	
11 Bregeita Jefferson Vice President Awards Management	(i)	118,024		141,013	1,205	12,863	273,105	
	(ii)						0	
12 Carrie Simon General Counsel(01/01/2016-07/14/2	(i)	125,746		112,330	14,608	5,047	257,731	
	(ii)						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 In Calendar year 2016, the following payments, Carrie Simon \$112,330, and Bregeita Jefferson \$141,013. The amounts reported on Schedule J, Part II, Column B(iii)

Part I Line 4b David Miliband participates in a supplemental non-qualified retirement plan. During 2016, the vested amount was 130,149. This amount reported on Schedule J, Part II, Column B (iii).



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**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.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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		2,179,296	FMV, RECEIPTS
6 Cars and other vehicles . . . . .	X	30	90,000	FMV
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		6,374,405	FMV, Proforma invoices
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Fuel and Transport ) . . . . .	X		651,793	FMV, proforma invoices
26 Other ▶ ( Emergency Progra ) . . . . .	X		182,823	FMV, proforma invoices
27 Other ▶ ( Education Material ) . . . . .	X		1,631,854	FMV, proforma invoices
28 Other ▶ ( Water and Sanitatio ) . . . . .	X		150,753	FMV, proforma invoices

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	<b>29</b>			1
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		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .	<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 5,20,25-28 The number of contributions is difficult to confirm as the same donor will make various contributions throughout the project in tranches as needed to support their grant funded program implementation and the individual contributions are received at the field level in our various country offices. The detailed documentation is held at the different office locations throughout the 32+ countries we work in including our US program offices. The number of individual contributions of goods would easily number in the 100s of thousands of items. HQ does not track to that level of detail but has all of the supporting documentation and invoices utilized for valuation and recording in the US and country locations

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

**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.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

INTERNATIONAL RESCUE COMMITTEE, INC.

Employer identification number

13-5660870

Form 990, Part III, Line 4d: Program Service Expenses: 94,011,814, Grants and allocations:

32,954,085, Revenue: 3,336,452 Through a network of 28 offices across the country, the IRCs

US Programs (USP) Department ensures that refugees and other vulnerable immigrants have the

resources and tools they need to build new lives in America. USP serves 35,000 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 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.

Form 990, Part III, Line 4d: Program Service Expenses: 54,867,535, Grants and allocations:

2,021,959, Revenue: 0 IRC employs technical advisors and expert staff in the following

sectors: Economic Recovery and Development; Health; Governance; Education; Violence Prevention

and Response; Gender Equality; and Research, Evaluation and Learning. In addition to the

technical units, IRC maintains regional units to provide logistical and administrative support

to country programs. In FY17, these regions were West Africa, East Africa, Great Lakes, Asia,

Middle East and Europe and North Africa. IRC also employs an Emergency Response Team that is

always on standby to deploy to a crisis within 72 hours, whether they are launching new relief

efforts or lending support to IRC teams already on the ground.

Form 990, Part III, Line 4d: Program Service Expenses: 3,452,150, Grants and allocations:

7,966,778, Revenue: 0 In the Balkans, IRC led partnerships to assist refugees in transit to

safety. IRC through its Emergency Unit has developed a pilot program in El Salvador to

comprehensively support basic needs of the population in San Salvador, affected by

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

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

Name of the organization

Employer identification number

INTERNATIONAL RESCUE COMMITTEE, INC.

13-5660870

large-scale violence. The program is three-pronged, including the launch of the interactive information platform, multi-purpose cash assistance; and emergency assistance around protection.

Form 990, Part I, Line 5: IRC's global workforce is approximately 11,000 employees. The 2041 only represents staff on the NY Headquarters payroll covering HQ, US office locations and international expatriate employees. The remaining approximate 9,000 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 11,000 employees. The 2041 only represents staff on the NY Headquarters payroll covering HQ, US office locations and international expatriate employees. The remaining approximate 9000 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 ad 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: In accordance with IRCs Conflict of Interest Policy, any director, officer, member of a committee or employee who is in a position to approve or influence IRC policies or actions (interested person) has a duty to disclose any actual or possible conflict of interest to IRCs General Counsel. All other employees have a duty to report any actual or possible conflict of interest to their supervisor. After the actual or possible conflict is disclosed, an interested person would have the opportunity to make a presentation at a Board or appropriate Committee meeting so that they, the Board, or the Committee may consider the facts of the situation and determine whether IRC can obtain a more advantageous transaction or arrangement with reasonable efforts from a person or entity that would not give rise to a conflict of interest. If a more advantageous transaction or arrangement is not reasonably attainable, the Board or Committee shall determine by majority

Name of the organization INTERNATIONAL RESCUE COMMITTEE, INC.	Employer identification number 13-5660870
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vote of disinterested directors whether the transaction or arrangement is in IRCs best

interest and for its own benefit and whether the transaction is fair and reasonable to the

IRC, and shall make its decision as to whether to enter into the transaction or arrangement in

conformity with such determination.

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

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

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

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

independent, uncompensated members of the Board. The Compensation Committee meets annually to

review the performance of and determine compensation for the President & CEO. In addition, the

Committee reviews compensation for the senior executive team (which includes Officers and Key

Employees). An experienced, independent consultant is engaged to compile comparative

compensation data, compensation ranges and related matters. The consultant also presents to

the Committee a review of Intermediate Sanctions rules, any changes in those rules in the

preceding year and the manner in which the Compensation Committee needs to proceed in order to

be compliant. The consultant makes his presentation verbally 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 (\$205,470) and restatement of

beginning of year net assets to remove wholly-owned subsidiaries (\$6,159,828)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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 15A Berlin 10179, Germany	Humanitarian Aid	Germany			IRC	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

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

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

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

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

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

	Yes	No
<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	6,327,386	Cash
(2) IRC Deutschland gGmbH	r	509,261	Cash
(3)			
(4)			
(5)			
(6)			



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

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

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

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

At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	
<b>1</b>	Afghanistan
<b>2</b>	Central African Republic
<b>3</b>	Cameroon
<b>4</b>	Chad
<b>5</b>	Congo (Kinshasa)
<b>6</b>	Ethiopia
<b>7</b>	Iran
<b>8</b>	Pakistan
<b>9</b>	Tanzania
<b>10</b>	Thailand
<b>11</b>	Kenya
<b>12</b>	Turkey
<b>13</b>	Uganda
<b>14</b>	Zimbabwe
<b>15</b>	Niger
<b>16</b>	Burundi
<b>17</b>	Burma
<b>18</b>	Cote D'Ivoire (Ivory Coast)
<b>19</b>	Greece
<b>20</b>	Sierra Leone
<b>21</b>	South Sudan
<b>22</b>	Yemen (Aden)
<b>23</b>	Jordan
<b>24</b>	Lebanon
<b>25</b>	Liberia
<b>26</b>	Mali
<b>27</b>	Nigeria
<b>28</b>	Switzerland
<b>29</b>	Malaysia
<b>30</b>	Serbia
<b>31</b>	Tunisia
<b>32</b>	Rwanda
<b>33</b>	
<b>34</b>	

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

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