

CISQWJD16T

Form 990-T

Exempt Organization business Income Tax Return (and proxy tax under section 6033(e))

1009 OMB No 1545-0087 2015 Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2015 or other tax year beginning 10/1, 2015, and ending 9/30, 2016

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

A Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section

Print or Type

INTERNATIONAL RESCUE COMMITTEE, INC.

Number, street, and room or suite no. if a P.O. box, see instructions

13-5660870

- X 501(C) (D3) 408(e) 220(e) 408A 530(a) 529(a)

122 EAST 42ND STREET

City or town, state or province, country, and ZIP or foreign postal code

E Unrelated business activity codes (See instructions)

NEW YORK, NY 10168

N/A - STATEMENT 1

C Book value of all assets at end of year

F Group exemption number (See instructions)

286,756,903.00

G Check organization type: X 501(c) corporation, 501(c) trust, 401(a) trust, Other trust

H Describe the organization's primary unrelated business activity: STATEMENT 1

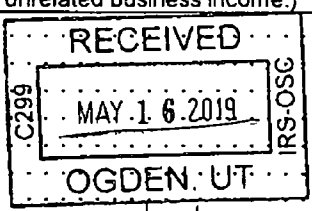
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [] No [X]

J The books are in care of: DANUSIA DZIERZBINSKI Telephone number: 212-551-2914

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.



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Form 990-T (2015)

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)	(1) \$ _____ (2) \$ _____ (3) \$ _____	
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	\$ _____	
(2) Additional 3% tax (not more than \$100,000)	\$ _____	
c Income tax on the amount on line 34		35c _____
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36 _____
37 Proxy tax. See instructions		37 _____
38 Alternative minimum tax		38 _____
39 Total. Add lines 37 and 38 to line 35c or 38, whichever applies		39 0.00

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	40a _____	
b Other credits (see instructions)	40b _____	
c General business credit. Attach Form 3800 (see instructions)	40c _____	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d _____	
e Total credits. Add lines 40a through 40d		40e 0.00
41 Subtract line 40e from line 39		41 0.00
42 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8966 <input type="checkbox"/> Other (attach schedule)		42 _____
43 Total tax. Add lines 41 and 42		43 0.00
44 a Payments. A 2014 overpayment credited to 2015	44a _____	
b 2015 estimated tax payments	44b _____	
c Tax deposited with Form 8868	44c _____	
d Foreign organizations. Tax paid or withheld at source (see instructions)	44d _____	
e Backup withholding (see instructions)	44e _____	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f _____	
g Other credits and payments <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Form 2439 Total 44g 0.00		
45 Total payments. Add lines 44a through 44g		45 0.00
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached		46 _____
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed		47 0.00
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		48 0.00
49 Enter the amount of line 48 you want credited to 2016 estimated tax. Refunded 49 0.00		

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here STATEMENT 2	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0.00		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1 _____	6 Inventory at end of year	6 _____
2 Purchases	2 _____	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7 0.00
3 Cost of labor	3 _____	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4 a Additional section 263A costs (attach schedule)	4a _____		
b Other costs (attach schedule)	4b _____		
5 Total. Add lines 1 through 4b	5 0.00		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>David M Highfill</i>	Date 10/16/18	Title CFO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name DAVID M HIGHFILL	Preparer's signature <i>David M Highfill</i>	Date 10/15/2018	
Paid Preparer Use Only	Firm's name KPMG LLP	Firm's EIN 13-5565207	PTIN P01517891	
	Firm's address 345 PARK AVENUE, NEW YORK, NY 10154	Phone no 212-758-9700		

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) **Total Income** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) **Total deductions** Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶				Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 5 minus column 6, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II line (5)) ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14. ▶			