		000 T	F	cempt Organi	zation E	Busines	ss In	come Tax	Ret	urn	ОМ	B No 1545-0047
	Form	990-T	-					on 6033(e)		nno	3	0040
			For cale	ndar year 2019 or other ta	-		/1/2019			2020	4	3019
	Depart	ment of the Treasury	-	Go to www irs gov/F	Form990T fo	rınstructio		the latest inform	nation			Public inspection for
	Interna	Revenue Service	► Do n	of enter SSN numbers on					ıs a 50			3) Organizations Only • tification number
	A	address changed		Name of organization (			•	nd see instructions)				see instructions )
	B EX	sempt under section		Number, street, and roon				lions		1	13-56	60870
		408(e) 220(e)	Print	122 EAST 42ND ST		a	, o moment			E Unrela		ness activity code
		408A 530(a)	or Type	City or town	INCLI	State		ZIP code		(See in	structions	)
	F	529(a)	',	New York		NY		10168				
	t	<b>~</b>		Foreign country name		Foreign provi	nce/state/	county Foreign post	l code	1	526	5990
-			E Cro	n averation number	- (Saa .natru	estions \		<del></del>		<u> </u>		3330
		ook value of all assets at aid of year 418,242,328		up exemption number ck organization type	r (See instru		ration	501(c) trust		7 401(a) tr	ust F	Other trust
•				ization's unrelated tra		, , ,	<b>&gt;</b>			<del></del>		rst) unrelated
	1	trade or business her	e ▶ Ot	her Financial Vehicle	s (including	mortga If	only o	ne, complete Pa	rts I–√	If more the	han on	e, describe the
		first in the blank spac trade or business, the		end of the previous se	entence, cor	nplete Par	ts I and	II, complete a S	Schedi	ile M for e	ach ad	ditional
•		<u>·</u>		poration a subsidiary in	an affiliated	aroun or a	narent-	subsidiary control	led arc	un2	<b>▶</b> [	Yes X No
7				ntifying number of the p			parcine	sabsidially control	ica gic	up.		163 [X] 140
ξ.	J	The books are in care		GETENET AYANO				Telephone nur	nber	<b>▶</b> 212-5	551-09	71
.7				Business Incom	e		,	(A) Income		(B) Expens	ses	(C) Net
		Gross receipts or sa		<del></del>	- Dalas		4.					
MAS	2	Less returns and allo Cost of goods sold		e A line 7)	_  c Balan	ice -	1 c		0			
4	3	Gross profit Subtra					3		0			0
	4 a	Capital gain net inci					4a					
끶	b	Net gain (loss) (For	m 4797, l	Part II, line 17) (attac	h Form 4791	7)	4b					
SCANNED	С	Capital loss deducti					4c					
≶	5	Income (loss) from (attach statement)	a panner	ship or an S corporat	lion		5		929 /	ATCH L	İ	929
Ĭ	6	Rent income (Scher	dule C)				6		12.5	31011 1		
	7	Unrelated dept-final		ome (Schedule E)			7					
	8			ents from a controlled org			8					
	9 10	Investment income of a Exploited exempt as		(1(c)(7), (9), or (17) organ	uzation (Sched	lule G)	9		-			
	11	Advertising income	-				11					
	12	•	•	ns, attach schedule)			12					
	13	Total, Combine line					13		29		0	929
				ken Elsewhere (S			mitatio	ns on deducti	ons )	(Deduction	วทร ทาเ	ust be
-				ith the unrelated b								
	14 15	Compensation of of Salaries and wages		rectors, and trustees	(Schedule K	DEC	<u>, F I/</u>	/FD		}	14	
	16	Repairs and mainte			1	REC	42			}	16	
	17	Bad debts			g	R ALIC	(2 3)	2021 SO-SE			17	
	18	Interest (attach scho		ee instructions)	g	KI AUG		, 1851			18	
	19	Taxes and licenses	/	-cov			SEN	TITE			19	
	20 21	Depreciation (attact		ob2) n Schedule A and els	ewhere on	OGI	ノロハ	I, UT 29			21b	
	22	Depletion	iamica oi	r denedate r and els	· where or	·		<u> </u>			22	
	23	Contributions to def		npensation plans						į	23	
	24	Employee benefit pi								[	24	
	25	Expess exempt exp									25	
	26 27 /	Excess readership of Other deductions (a								}	26	
	28	Total deductions.								Ì	28	0
	29	Unrelated business	taxable #	ncome before net op					ne 13	į	29	929
	30		perating l	oss arising in tax yea	ırs beginning	g on or afte	er Janua	ary 1, 2018 (see	AT(	.H 2		
	24	Instructions)	invahl-	noomo Cubicaci III	30 from 1	. 20				-	30 31	755 174
	31	Officialed business	(axable 1	ncome Subtract line	an morn line	43					- D	1/4

0/0

	90-T (2019)	INTERNATIONAL RESC	CUE COMMITTEE, INC		13-56608	170		Pa	ige 2
Part		Total Unrelated Business Taxa	ble Income						
32 /	Total of	unrelated business taxable income of	computed from all unrelated trad	es or businesses (see					
	instructi		,	·	32	: ]			174
33		s paid for disallowed fringes			33				0
34		ple contributions (see instructions for	limitation rules)		34				
35		related business taxable income bef		deduction Subtract					
-		rom the sum of lines 32 and 33			9	;			174
36		on for net operating loss arising in ta	x vears beginning before Januar	v 1. 2018 (see					
-	instruction	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>△</b> 36	: 1			
37		unrelated business taxable income b	efore specific deduction. Subtra	ct line 36 from line 35	37				174
38		deduction (Generally \$1,000, but se			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			1,	,000
39		ed business taxable income. Subtra			(/ ⊢-	$\top$			
		e smaller of zero or line 37		g. 20.10. m.o	3	,			0
Part		ax Computation	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del>-</del>				
		ations Taxable as Corporations. M	ultiply line 30 by 21% (0.21)		▶ 40				0
40 41		Taxable at Trust Rates. See instruct		tay on the	- 40	+-			
41		<del></del>	<del></del>			l l			
42			edule of Schedule D (Follows	11 1041)	► 41 ► 42	_			
42	-	ax. See instructions			43				
43		ve minimum tax (trusts only)	unatruations.		44	_			
44		Noncompliant Facility Income. See			45				0
45 211		dd lines 42, 43, and 44 to line 40 or 4	i i, whichever applies		1 43				
		ax and Payments	1110	140	<del></del>				
46 a		tax credit (corporations attach Form	1118, trusts attach Form 1116)	46a		}			
b		edits (see instructions)		46b		-			
C .		business credit Attach Form 3800 (		46c		1			
d		r prior year minimum tax (attach For	m 8801 or 8827)	46d		ļ			_
		edits. Add lines 46a through 46d			460				0
47		line 46e from line 45		. —	47				0
48			1 8611 Form 8697 Form 886	6 Other (attach sche					
49		x. Add lines 47 and 48 (see instruction		***	49				0
50		t 965 tax liability paid from Form 965			50				
51 a	-	ts A 2018 overpayment credited to 2	2019	51a					
b		timated tax payments		51b					
С		osited with Form 8868		51c					
d		organizations Tax paid or withheld a	at source (see instructions)	51d		į.			
е	•	withholding (see instructions)		51e		- 1			
f		r small employer health insurance p		51f					
g	Other cr	edits, adjustments, and payments	Form 2439						
	Forn	n 4136 Other	Total <b>&gt;</b>	51g	0				
52	Total pa	yments Add lines 51a through 51g			52				0
53	Estimate	ed tax penalty (see instructions). Che	ck if Form 2220 is attached	<b>•</b>	53				
54	Tax due	. If line 52 is less than the total of line	es 49, 50, and 53, enter amount	owed	▶ 54	T			0
55	Overpay	ment. If line 52 is larger than the tot	al of lines 49, 50, and 53, enter	amount overpaid	▶ 55	T			0
56	Enter the	amount of line 55 you want Credited t	o 2020 estimated tax	Refunde	d ▶ 56				0
Part	V St	atements Regarding Certain A	ctivities and Other Inform	ation (see instructions	;)				
57		me during the 2019 calendar year, d				Ority	Y	es	No
5,		nancial account (bank, securities, or					<u> </u>	-	
		Form 114, Report of Foreign Bank a	, -	_ ·	•				
	here ►	Tomi 114, Report of Foreign Bank a	nd i manciai Accounts ii Tes,	enter the harne of the f	oreign cou	III y	>	.	
58		e tax year, did the organization receive	a distribution from or was it the gr	antor of or transferor to	a foreign tri	uet2		$^{+}$	X
50		see instructions for other forms the o		antor or, or transferor to,	a loreign th	,30.	-	+	
<b>E</b> 0			-	oor <b>b</b> C oo.					
59		e amount of tax-exempt interest rece or penalties of perjury, I declare that I have examined t			my knowledge :	and belief	Il is true co.	reci	
٠.	and	cop fine Declaration of preparer (other than taxpaye			my knomodyc c	ino bener	Wis true col		
Sign	1 1 7	mean (Capon)	August 10, 2021 CFO				iscuss this re		with
Here	l l		<u> </u>			reparer si uctions)?	Yes		, l
	Sig	nature of officer	Date Title						No
י		Print/Type preparer's name	Preparer's signature	Date	Check		PTIN		_
Paid		David M Highfill	town. Held	8/10/21	self-emplo	yed [	P015178	91	
Prep		Firm's name ► KPMG LLP			Firm's EIN		565207	•	
Use	Only	Firm's address 245 Deals A	NI		Phone no	212	759 070		

Forr	n 990-T (2019) INT	ERNATIONAL	RESCUE C	OMMITTEE, I	NC		13-	566087	'0	Pa	age 3
Sc	hedule A-Cost of Good	is Sold. Ente	er method o	f inventory v	aluatio	on▶					
1	Inventory at beginning of	year	1		6 I	nventory at en	d of year	6			
2	Purchases		2		7 (	Cost of goods					
3	Cost of labor		3		li	ine 6 from line	5 Enter here				
4	a Additional section 263A co	osts	1	ì	а	and in Part I, lii	ne 2	7	<u> </u>		0
	(attach schedule)	ي ا	la		8 [	Do the rules of	section 263A (wi	th respe	ect to	Yes	No
	b Other costs (attach sched)	ule) 🔼	1b		p	property produ	ced or acquired fo	or resale	e)	1	
_5_	Total Add lines 1 through		5	0		apply to the org				li	X
Sc	hedule C—Rent Income	(From Real	Property a	nd Persona	l Prop	perty Leased	l With Real Pr	operty	) <sub>N/A</sub>		
	see instructions)										
	Description of property			····							
	N/A										
(2)											
(3)							<u>.                                  </u>				
(4)											
		2 Rent receiv	red or accrued			<del></del>					
for personal property is more than 10% but not percentag			on real and personal property (if the entition of the columns 2(a) and 2(b) (attach so the rent is based on profil or income)							me	
(1)	······································										
(2)											
(3)											
(4)			·								
Tota	al	0	Total			0					
	Total income. Add totals of colu e and on page 1, Part I, line 6, co	• • •	(b) Enter			o	(b) Total deduction Enter here and control Part I, line 6, col	n page			0
Sc	hedule E—Unrelated De	bt-Financed	Income (se	ee instructions	5)					N/	4
			·····	2 Gross incomi		3 [	Deductions directly cor				
	1 Description of debt-fi	nanced property		allocable to debt		d	to debt-financ	<del>                                     </del>			
				property	У		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)	N/A				-						
(2)				1							
(3)											
(1)											
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)		able to d property	6 Colum 4 divided by columi	d		come reportable 2 × column 6)	8 Allocable deduc (column 6 × total of c 3(a) and 3(b))		f colum		
(1)					9	%	0				0
(2)					9	/6	0				0
(3)					9,	%	0				0
(4)					9,	%	0		·		0
						Enter here	and on page 1,	Enter	here and o	n page	: 1,

Total dividends-received deductions included in column 8

0

Part I, line 7, column (B)

Part I, line 7, column (A)

▶

Schedule F-Interest, Annui	ties, Royalties,	and Rer	ts From	Controlle	d Orga	nizations (see	e instru	ctions)	N/A_		
		Exempt	Controlled	Organization	ons						
Name of controlled organization	2 Employer identification number		related incom e instructions		l of specified ents made	included in the	5 Part of column 4 that is included in the controlling organization's gross income		included in the controlling cor		Deductions directly nected with income in column 5
(1) N/A											
(2)											
(3)											
(4)											
Nonexempt Controlled Organizatio	ns										
7 Taxable Income	8 Net unrelated ( (loss) (see instru			Total of speci payments mad		10 Part of colu included in the organization's g	controllir	ng conn	Deductions directly ected with income in column 10		
(1)									4-		
(2)									-		
(3)											
(4)											
					_	Add columns Enter here and Part I, line 8, c	on page	1, Enter ) Part	columns 6 and 11 here and on page 1, , line 8 column (B)		
Totals								0	0		
Schedule G—Investment Inc  1 Description of income	2 Amount of II		dire	Deductions ectly connected	1	ION (see Instrui 4 Set-asides (attach schedu	, -	and s	N/A otal deductions et-asides (col. 3		
.12 \$1/0		<del></del>	(at	tach schedule)	<del>'</del>				plus col 4)		
(1) N/A	<del></del>								0		
(2)	<del></del>		<del> </del>			<del></del>			0		
(3)	<del></del>								0		
(4)	Enter here and o					<del></del>	<del></del>	Enterho	ore and on page 1,		
Totals ► Schedule I—Exploited Exem	Part I, line 9, coli	umn (A) 0	er Than A	Advertisir	ia Incor	ne (see instruc	tions)		ie 9, column (B)		
Description of exploited activity	2 Gross unrelated business incom from trade or business	3 E d conn- proc	expenses irectly ected with fuction of irelated ess income	4 Net incom from unrelation or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income	6 Ex	openses utable to umn 5	7 Excess exempl expenses (column 6 minus column 5 but not more than column 4)		
(1) N/A					0				0		
(2)					0				0		
(3)					0				0		
(4)					0		-		0		
Totals	Enter here and page 1 Part I line 10, col (A	page	nere and on 1, Part I, 0, col (B)				1.P. 1.		Enter here and on page 1, Part II, line 25		
Schedule J—Advertising Inc	ome /see instruct								<u> </u>		
Part Income From Peri			Concolid	atad Baci							
Trait in the month of the month	otilicais Reporte	T	201150110	ateu Dasi	<u> </u>				1		
1 Name of periodical	2 Gross advertising income		Direct ising costs	4 Advert gain or (los 2 minus co a gain cor cols 5 thro	s) (col I 3) If ripute	5 Circulation income		adership osts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1) N/A		1							7		
(2)				1					7		
(3)		<u> </u>				-			1 '		
(4)									]		
Totals (carry to Part II, line (5))	<b>&gt;</b>	0	0		0	0		0			
								5	orm 990-T (2019)		

Partin	Inc	ome From	Periodicals	Reported	on a Sen	arate Basis	(For each	periodical	listed in	Part II.	fill in
							`	• •		•	

columns 2 thro	ugh / or	a line-by-line l	pasis)			· · · · · · · · · · · · · · · · · · ·	
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) N/A				0			0
(2)				0			0
(3)				0			0
(4)				0			0
Totals from Part I	<b>•</b>	0	0		•		0
		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 26
Totals, Part II (lines 1-5)	▶	o	0				_ 0

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		<b>&gt;</b>	C

Form 990-T (2019)

INTERNATIONAL RESCUE COMMITTEE, INC.

FYE: 9/30/2020

13-5660870

FORM 990-T, PART I, LINE 5, INCOME FROM A PARTNERSHIP

PARTNERSHIP	EIN	UE	3TI
RENAISSANCE INSTITUTIONAL DIVERSIFIED ALPHA FUND LLC	26-2208354	-	929
		TOTAL LINE 5	929_