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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2017

Department of the Treasury Internal Revenue Service 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.

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

Open to Public

nte	nal Revenue	Service	<u> </u>	IO WW	v.irs.yoviri	ormeso for insu	ucuons	and the lat	escun	omnauon,		mspect	IIUII
A	For the 2	017 cale	endar year, or tax ye	ar begi	nning	1 <u>J</u> anua <u>ry</u>	, 2	017, and e	nding	31 Dec	ember	, 20 ₁₇	
В	Check if ap	plicable.	C Name of organization	INTE	RNATIONA	L COMMITTEE	OF THE	RED CROS	S]	D Employe	er identification n	umber
\Box	Address ch	ange	Doing business as									98-6001029	
	Name char	ige	Number and street (or P.O. b	ox if mail is n	ot delivered to stre	et addres	s) Roo	m/suite		E Telephor	ne number	
	Initial retun	ר	19 AVENUE DE LA	PAIX								+41227302757	
	Final return/1	terminated	City or town, state or	r provinc	e, country, a	nd ZIP antoreian o	ostal code	,					
	Amended r	etum .	1202 GENEVA SWI	TZERL	AND			_	_		G Gross re	ceipts \$ 1 869	9 876 841
	Application	pending	F Name and address of	f princip	al officer:	,	7			H(a) is this a gro	up return for s	subordinates? Ves	☑ No
	••					•			07	1		included? 🗌 Yes	_
	Tax-exemp	t status	✓ 501(c)(3)		i01(c) () ◀ (Insert no)	4947(a)	(1) or 52	シング	II "No	," attach a	list. (see instructio	กร)
<u>. </u>	Website: 1		w.icrc.org			7	0			H(c) Group e	exemption	number ►	
K	Form of org			st 📝	Association	Other ▶	9	L Year of fo	ormation			of legal domicile	СН
P	art I	Summ											
	_		escribe the organiz	ation's	mission o	or most signific	ant acti	vities:					
Ö		-	is an impartial, ned			-			ly hum	anitarian m	ission is	to protect the l	lives
Activities & Governance	1		ity of victims of arm										
Ê			nis box ▶ 🔲 if the c										
Š			of voting members						ETV		1 3	10 1.01 4000101	10
O as			of independent vo						16)	٠- ` 'ان	4		19
BS			mber of individuals								5		
Ĭ							<u> </u>	v.Wikkal	19.50	116 . OIF	6		
ţ	1		mber of volunteers	•			11 - 11		• •	SE	7a		
•			related business re						N		í 1		0
	b N	et unre	lated business tax	aoie ini	come from	1 Form 990-1, 1	me 34 (<u> </u>	Prior Ye	7b	Current Ye	0
			A:	5-4 VIII					- }-				
ē	1		itions and grants (F		-				• ⊢	1 619	579 928	1 83	4 255 899
Revenue		-	service revenue (F				<i>.</i>		٠ ⊢				0
ě	1		ent income (Part VI				-		· _		338 546		<u>1 372 486</u>
_			venue (Part VIII, co						∴⊢	16	<u>520 087</u>	1	<u>4 248 456</u>
			enue-add lines 8						2)	<u>1 647</u>	438 561	1 86	9 876 841
	13 6	arants a	ınd similar amount	s paid ((Part IX, co	olumn (A), lines	1–3) .		·		0		0
	14 B	Benefits	paid to or for men	ıbers (i	Part IX, co	lumn (A), line 4)		· _		0	·	0
S	15 S	alaries,	other compensation	n, emp!	loyee bene	fits (Part IX, col	umn (A),	lines 5-10))	677	673 449	78	<u>5 099 139</u>
Expenses	16a P	rofessi	onal fundraising fe	es (Par	t IX, colun	nn (A), line 11e			· L		0		0
ê	b T	otal fur	ndraising expenses	(Part I	X, column	(D), line 25) ▶		18 315 18	38			; ;	. × *
Ü	17 C	Other ex	penses (Part IX, co	olumn (A), lines 1	1a-11d, 11f-24	1e) .			865	111 092	1 02	0 451 451
	18 T	otal exp	penses. Add lines	13-17 ((must equa	al Part IX, colu	mn (A), l	line 25)		1 542	784 541	1 80	5 550 590
	19 F	Revenue	e less expenses. Si	ubtract	line 18 fro	om line 12 .			. [104	654 020	6	4 326 251
ъ!	3								Be	ginning of Cu	rent Year	End of Ye	ear
Assets or	20 T	otal ass	sets (Part X, line 16	5) .					. Γ	1 167	512 601	1 62	6 927 154
Š.	21 T		bilities (Part X, line						.		474 580		9 699 289
Net A	22 N		ets or fund balance	-					. Γ		038 021		7 227 865
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Si	gn	Sigi	nature of officer	VII	MAN					Dat	e		
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ro	r Paperwo	ork Kedi	uction Act Notice, s	ee ine :	separate in	suuctions.			∪a1. No	11282Y		rorm :	990 (2017)



Betty Lynn Evans FAD_COMP

< 2007 X

) (Revenue \$

1 645 685 855

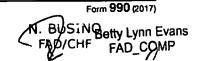
Other program services (Describe in Schedule O.)

Total program service expenses ▶

242 217 009 including grants of \$

Δd

(Expenses \$





'art i	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
^	complete Schedule A	1 2	✓	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	5 6		▼
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	ς Š. ι	A	* 1 es
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	√	
	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? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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)? If "Yes," complete Schedule D, Part X.	11e	✓	1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	\	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a 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	14a		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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? If "Yes," complete Schedule F, Parts II and IV	14b	✓	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
			m 990	(2017)



Part I	V Checklist of Required Schedules (continued)			
00			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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? If "Yes," complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23		✓
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? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		7
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			<u> </u>
	to defease any tax-exempt bonds?	24c		✓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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?			,
oe.	If "Yes," complete Schedule L, Part I	25b		✓
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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			
00	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	00.		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		✓
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 In non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
04	conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		✓
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? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		*
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		<u> </u>	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		 	Ť
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			[
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		,	
	131 Note. All Form 330 liters are required to complete Schedule U.	38	- 000	(2017)
		ron	コマラロ	(4CO1/

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			\square
			Yes	No
ta	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		
2 a	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 2a		4	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		_
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	22		7
3a -	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		<u></u>
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	-	
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	1 1	1	
	account)?	4a	1	
b	If "Yes," enter the name of the foreign country: Yes, because ICRC operates in over 80 countries.			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u>✓</u>
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	11	i	
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ļ	
а	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?	7a		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	''	-+	
•	required to file Form 8282?	7c	1	1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		· ·	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		}	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
C	Enter the amount of reserves on hand	44-		
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a	\vdash	



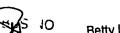
Form 990 (2017)

D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		L	
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and rems. BETTY LYNN EVANS, C/O ICRC, GENEVA, SWITZERLAND, PHONE +41 22 730 2757	cords	: >	
			00/	3 004 7



•											
Form 990 (201	<u> </u>										Page 7
Part VII	Compensation of Officers, Directors	ectors, Tr	uste	es,	Ke	y E	mplo	ye	es, Highest (Compensated	Employees, and
	Independent Contractors Check if Schedule O contains a re	snonse or	note	to :	anv	line	in th	is F	Part VII		П
Section A.	Officers, Directors, Trustees, Key	Employee	s, an	d H	igh	est	Com	pen	sated Employ	/ees	
	te this table for all persons required	to be list	ed. R	epo	ort c	om	pensa	atio	n for the caler	ndar year ending	with or within the
•	n's tax year. I of the organization's current office	re director	e ta	ctor	oc h	, dho	ther i	nd	viduals or oras	anizatione) rega	rdiace of amount of
compensat	ion. Enter -0- in columns (D), (E), and	(F) if no co	mper	sati	ion '	was	paid				diess of amount of
	of the organization's current key en		-								a lou amplaces
	ne organization's five current highes ed reportable compensation (Box 5										
	n and any related organizations.									,	
	II of the organization's former offic freportable compensation from the compensation fro						_		•	mployees who i	received more than
	ll of the organization's former direc n, more than \$10,000 of reportable c										or or trustee of the
-	n, more than \$10,000 of reportable constitutions in the following order: individual	•				_			•	•	emplovees: highest
	ed employees; and former such pers		.			,					p.o.,gg.
☐ Check t	his box if neither the organization no	any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, director	, or trustee.
					Posi	-					
	(A) Name and Title	(B) Average			neck I	more	than c		(D) Reportable	(E) Reportable	(F) Estimated
	Name and Thie	hours per	ours per officer and a director/trustee) compensation comper							compensation from	amount of
		week (list any hours for	양	Inst	Officer	Көу	e Tig	Former	the	related organizations	other compensation
		related organizations	Individual trustee or director	럁	ę	emp	nest o	ner .	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		below dotted	9 2			employee	gmp				and related organizations
		1	stee	Institutional trustee			Highest compensated employee				
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	VII Section A. Officers, Directors, Trust	ees, key c	mpio	/005			ighes	it C	ompensated E	mployees (c	ontinue	<u>d)</u>		
	(A) Name and title		box, office	ot ch unles ranc	eck spe lad	Position eck more than or a person is both a a director/truste			(D) Reportable compensation from	(E) Reportable compensation related	from	Estl: amo	(F) mated runt of ther	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-M		from organ and o	ensation in the inization related izations	1
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(16)								-			 			
(17)								_						
(18)														
(19)											-		-	
							-	-			-			
(21)								-			_	·-		
(22)			_			_		-			+			
(23)								-			+		<u> </u>	
(24)						-					$\overline{\cdot}$			
(25)			<u> </u>			-		<u> </u>						
1b c	Sub-total	VII, Sectio	n A					> >						
2	Total number of individuals (including but reportable compensation from the organization)	t not limited						e) w	ho received m	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	fficer, direc						emp	oloyee, or high	nest compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual											4		
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind		5		
Section	n B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business address								(B) Description of s	services		(C) compens	ation	_
								E						_
2	Total number of independent contractor received more than \$100,000 of compens							o ti	nose listed ab	ove) who				

NEWSINO

Part	VIII	Statement of Reve							
		Check if Schedule O	contains	a resp	onse or note to				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ats 1	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b		i		Ì	
A T	С	Fundraising events .		1c		1			
<u>a</u> 5	d	Related organizations		1d		Ì			
Sign S	e	Government grants (con		1e	<u>1 719 087 400</u>	į		ł	
er er	f	All other contributions, grand similar amounts not inc		11		į		1	
흥히	_	Noncash contributions includ			115 168 499	ĺ		1	
5 5	g h	Total. Add lines 1a-1			13 924 715	1 834 255 899			
		TOTAL TICO INTO TA	<u>' </u>	÷	Business Code	1 034 233 033			1
G L	2a								<u> </u>
ē	b								
vice	С								
Sen	d								
Ë	е								
Program Service Revenue	f	All other program sen						<u> </u>	<u> </u>
	9	Total. Add lines 2a-2						·	,
	3	Investment income and other similar amo			enas, interest, ▶				
	4	Income from investmen				3 445 833		-	
	5				·				
	J	Royalties	(i) Rea	i -	(ii) Personal				1
	6a	Gross rents							
	ь	Less: rental expenses						1	1
	С	Rental income or (loss)	6:	38 929					
	ď	Net rental income or		<u> </u>	🕨	638 929			
	7a	Gross amount from sales of	(i) Securit		(ii) Other	}		1	-
	ь	assets other than inventory Less: cost or other basis	98 43	30 069	4 003 368				
		and sales expenses .		96 148					
	C	Gain or (loss)		<u>33 921</u>				ļ	<u> </u>
1	d	Net gain or (loss) .		• •	<u> • </u>	17 926 653		}	
/enne	8a	Gross income from fu	ındraısıng						
		of contributions reporte	ed on line 1	c).				}	
7		See Part IV, line 18 .			1			1	}
Other Re	ь	Less: direct expenses	s	. b				}	
•	С	Net income or (loss) f	rom fundra	aisıng	events . ►				
	9a	Gross income from ga See Part IV, line 19 .							
	ь	Less: direct expenses							
	С	Net income or (loss) f	-	-	vities >		 		
	10a	Gross sales of in returns and allowance							
		Less: cost of goods s						1	
	C	Net income or (loss) t		of inv					
	1	Miscellaneous F	revenue		Business Code				
	11a	Date in the second seco			2 447 633			 	
	b	Re-invoiced cost, net	,		3 117 234 4 361 836			 	
	C	Prior period income All other revenue			6 130 457			 	
	e	Total. Add lines 11a-				13 609 527		†	1
	12	Total revenue. See i		-		1 869 876 841		 	
									Form 990 (2017)

Form 99	00 (2017)				Page 10
Part					
Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. Al	l other organizations	s must complete colu	mn (A).
	Check if Schedule O contains a respons			<u> </u>	
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages	785 099 139	680 880 145	94 701 208	9 517 786
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
C d	Accounting				
e	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · · · ·			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	28 721 178	19 227 541	5 678 470	3 815 167
12	Advertising and promotion	2 975 687	2 713 414	82 268	180 005
13	Office expenses	42 023 406	37 996 573	2 317 457	1 709 376
14	Information technology	36 911 452	33 853 834	3 008 900	48 718
15	Royalties				
16	Occupancy	72 215 202	67 079 017	2 705 908	2 430 277
17 18	Payments of travel or entertainment expenses	210 717 124	205 336 728	4 832 473	547 923
	for any federal, state, or local public officials			j	
19	Conferences, conventions, and meetings				
20	Interest	3 686 539	3 234 391	412 794	39 354
21	Payments to affiliates [
22	Depreciation, depletion, and amortization .	46 396 838	38 142 056	8 254 782	0
23	Insurance	5 081 263	4 860 501	219 080	1 682
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.)	į			
а	Water and habitat	320 757 994	317 610 259	3 147 421	314
ь	Poliof and food	187 452 544	187 231 088	196 870	24 586
c	Medical	47 533 677	47 520 309	13 368	24 380
d	Foreign exchange losses, net	3 618 019	0	3 618 019	0
е	All other expenses	12 360 528	0	12 360 528	0
25	Total functional expenses. Add lines 1 through 24e	1 805 550 590	1 645 685 856		18 315 188
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

		Check if Schedule O contains a response or note to any line in this Par	t X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	7 003 054	1	7 104 837
	2	Savings and temporary cash investments	275 588 068	2	299 432 285
	3	Pledges and grants receivable, net	230 991 804	3	581 262 605
	4	Accounts receivable, net	11 087 766	4	12 125 198
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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		-	
ets	7	The state of the s		6	
Assets	7 8	Notes and loans receivable, net		7	
•	9	Prepaid expenses and deferred charges	71 330 768	_	91 012 620
	10a	Land, buildings, and equipment: cost or	22 797 349	9	24 516 047
	.00	other basis Complete Bort VI of Cabadala D		ĺ	
	b	103 403 400	400 000 000	100	
	11	Less: accumulated depreciation	193 636 281 296 868 947		213 566 735
	12	Investments—other securities. See Part IV, line 11	290 808 947	12	328 500 745
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	58 208 564		CO 400 002
	15	Other assets. See Part IV, line 11		15	69 406 082
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1 167 512 601		1 626 927 154
	17	Accounts payable and accrued expenses	72 593 366		75 718 578
	18	Grants payable	72 333 300	18	13 / 10 3/6
	19	Deferred revenue	238 482 162		556 528 505
	20	Tax-exempt bond liabilities	230 402 10E	20	330 328 303
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Ø	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë:	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	18 118 891	24	31 849 278
	25	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			
	00		493 280 161	25	395 602 928
_	26	Total liabilities. Add lines 17 through 25	822 474 580	26	1 059 699 289
seou		complete lines 27 through 29, and lines 33 and 34.			
Ĭar	27	Unrestricted net assets	270 061 491		479 356 475
ä	28	Temporarily restricted net assets	38 072 323		48 613 023
Net Assets or Fund Balances	29	Permanently restricted net assets	36 904 207	29	39 <u>258 367</u>
Ş	30	Capital stock or trust principal, or current funds		30	<u> </u>
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds .	-	32	
Ž	33	Total net assets or fund balances	345 038 021		567 227 865
_	34	Total liabilities and net assets/fund balances	1 167 512 601	_	1 626 927 154
					Form 990 (2017)

Betty Lynn Evans FAD_COMP

Form	QQA	(2017)	

Page 12

	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		✓
	Total revenue (must equal Part VIII, column (A), line 12)	1	1 869 876	<u>841</u>
	Total expenses (must equal Part IX, column (A), line 25)	2	-1 805 550	590
3 1	Revenue less expenses. Subtract line 2 from line 1	3	64 326	251
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	345 038 (021
5 1	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7 1	Investment expenses	7		
	Prior period adjustments	8		
	Other changes in net assets or fund balances (explain in Schedule O)	9	157 863	<u>593</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	567 227	865
Part >	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	· · · · ·	<u> </u>
I	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in	Yes	No
I	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 comreviewed on a separate basis, consolidated basis, or both:		2a 🔻	_
[Separate basis Consolidated basis Both consolidated and separate basis			
I	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 audito separate basis, consolidated basis, or both:	 ed on a	2b ✓	
c Ī	□ Separate basis ☑ Consolidated basis □ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or of the audit, review, or compilation of its financial statements and selection of an independent account.		2c 🗸	
•	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	•		
t	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?		3a v	/
	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b	
			Form 990 (2)	017)

Betty Lynn Evans FAD_COMP

N. BUSINO

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

NTE	RNA	ATIONAL COMMIT						98-600	
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
'nе	orga	anization is not a	private foundat	tion because it is	s: (For lines 1 through	12, chec	k only on	e box.)	
1	☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2					Attach Schedule E (Fo				
3		A hospital or a c	ooperative hos	pital service orga	anization described ir	section	170(b)(1)(A)(iii).	
4] A medical resea	rch organizatio	n operated in co	njunction with a hosp	ital descr	ribed in s	ection 170(b)(1)(A)(iii). Enter the
		hospital's name	•						
5		An organization section 170(b)(•		college or university	owned o	operate	d by a governmenta	al unit described in
6 7		An organization	that normally i	•	nental unit described antial part of its supp e Part II.)		• • •		the general public
8		A community tr	ıst described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9		or university or university:	a non-land-grar	nt college of agn	in section 170(b)(1)(culture (see instruction	ns). Ente	r the nam	e, city, and state of	the college or
10		receipts from ac support from gr	tivities related oss investment	to its exempt fur income and unr	e than 33'a% of its sunctions—subject to co elated business taxal 5. See section 509(a	ertain exc ole incom	eptions, a e (less se	and (2) no more than ection 511 tax) from	າ 33¹⁄໑% of its
11] An organization	organized and	operated exclus	ively to test for public	safety. S	See secti	on 509(a)(4).	
12		An organization	organized and	operated exclusi	ively for the benefit of	, to perfo	rm the fu	nctions of, or to car	ry out the purposes
		of one or more	publicly suppo	rted organization	ns described in secti scribes the type of sup	on 509(a)(1) or se	ction 509(a)(2). See	section 509(a)(3).
i	a	the support	ed organization	(s) the power to	, supervised, or contr regularly appoint or e ste Part IV, Sections	lect a ma	jority of t	•	
	b	control or m	anagement of t	he supporting o	ed or controlled in co rganization vested in V, Sections A and C.	the same			
	C				ing organization oper ns). You must comp l				ally integrated with,
	d	that is not fo	inctionally integ	rated. The organ	pporting organization nization generally mus omplete Part IV, Sec	st satisfy	a distribu	ition requirement an	
	е				a written determination				e II, Type III
	f E	Enter the number	_				-		
	g i	Provide the follov	ving information	about the supp	orted organization(s).				
	(1)	Name of supported o	rganization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) is the o listed in you docur	ir governing	(v) Amount of monetary support (see instructions)	(vI) Amount of other support (see Instructions)
						Yes	No		
(A)	_				4-4				
(B)								<u> </u>	
(C)					······································	-			<u> </u>
(D)									
(E)							l		

of Carlotter 230 Carlotter

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

Part							
	(Complete only if you checked the Part III. If the organization fails to						ality under
Sacti	on A. Public Support	quality unde	i the tests iis	iteu below, p	lease comple	te rait iii.)	
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(5) 20 ()	(0) 2010	(4) 2010	(0, 20) .	(1) 10121
•	membership fees received. (Do not						
	include any "unusual grants.")	1 375 798 201	1 358 259 913	1 518 602 737	1 619 579 928	1 834 255 899	7 706 496 678
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1 375 798 201	1 358 259 913	1 518 602 737	1 619 579 928	1 834 255 899	7 706 496 678
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						ł
6	Public support. Subtract line 5 from line 4						7 706 496 678
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1 375 798 201	1 358 259 913	1 518 602 737	1 619 579 928	1 834 255 899	7 706 496 678
8	Gross income from interest, dividends,						
	payments received on securities loans,						ļ
	rents, royalties, and income from similar sources						
_	Net income from unrelated business	22 045 330	17 649 068	3 695 680	12 005 691	22'011'415	77 407 184
9	activities, whether or not the business					}	
	is regularly carried on		•				
10	Other income. Do not include gain or						
	loss from the sale of capital assets	1				İ	
	(Explain in Part VI.)	6 628 173	11 676 352	10 565 678	15 852 942	13 609 527	58 332 672
11	Total support. Add lines 7 through 10						7 842 236 534
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>			🕨 📋
	on C. Computation of Public Suppo Public support percentage for 2017 (line			11 column (f)		14	98.3% %
14 15	Public support percentage for 2017 (inte-					15	97.9% %
16a	331/2% support test—2017. If the organ						
	box and stop here. The organization qua						
b	331/3% support test-2016. If the organ	ization did not	check a box o	on line 13 or 10	6a, and line 15	is 331/3% or r	nore, check
	this box and stop here. The organization	n qualifies as a	publicly suppo	orted organizat	ion		🕨 🗆
17a	10%-facts-and-circumstances test-2	017. If the org	anization did r	not check a bo	x on line 13, 1	6a, or 16b, ar	nd line 14 is
	10% or more, and if the organization m						
	Part VI how the organization meets the			•	•		
	organization						-
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and If the organiz Explain in Part VI how the organization						
	supported organization						
18	Private foundation. If the organization of						
	instructions						



Part							/
	(Complete only if you checked the						nder Part IJ
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	omplete Part	11.)	
	on A. Public Support					· · · · · · · · · · · · · · · · · · ·	
_	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		ļ	J	}		J
•	received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the			•			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513			ļ			
4	Tax revenues levied for the			i		Ì	1
	organization's benefit and either paid to			/	1		
	or expended on its behalf				<u> </u>		
5	The value of services or facilities		ļ		1	}	1
	furnished by a governmental unit to the		ļ		1		
	organization without charge			<u>/</u>			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3				1		
	received from disqualified persons .						<u> </u>
b	Amounts included on lines 2 and 3					1	
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	<i></i>	ļ	ļ	<u> </u>		ļ
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			1		ŀ	
<u> </u>	line 6.)	<u> </u>	<u> </u>	``L	<u> </u>	<u> </u>	1
	on B. Total Support	(-) 0040	1 (1) (0) (4)	(-) 0045	4.0.004.0	(-) 0047	(D. T. d. el
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		 		 		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.	1					
				 	 	 	
b	Unrelated business taxable income (less section 511 taxes) from businesses		1	Į.	j		
	acquired after June 30, 1975				-		ļ
_	Add lines 10a and 10b			 	 -	 	
	//	ļ. 	 	 	 	ļ	
11	Net income from unrelated business activities not included in line 10b, whether		1	İ			
	or not the business is regularly carried on		1	1			
40	//		 	 	 -		
12	Other income. Do not include gain or loss from the sale of capital assets		1				
	(Explain in Part VI.)		1			1	
13	Total support. (Add lines 9, 10c, 11,		_	 	 	 	
15	and 12.)		Ĭ	i	į.	j	
14	First five years. If the Form 990 is for the	ne organizatio	n's first secon	d third fourth	or fifth tax v	year as a secti	on 501(c)(3)
•-//	organization, check this box and stop he				-		
Socti	on C. Computation of Public Suppor				<u> </u>	• • • •	· · · <u> </u>
/ 15	Public support percentage for 2017 (line			13 column (fl)		. 15	%
16	Public support percentage from 2016 Sci		•			16	
	on D. Computation of Investment In			<u>····</u>	<u> </u>	. [10]	
17	Investment income percentage for 2017 (v line 13 colu	imp (fl)	17	%
18	Investment income percentage for 2017 (18	
19a	331/3% support tests—2017. If the organ						
134	17 is not more than 33's%, check this box						
ь	331/3% support tests—2016. If the organization	=	_			•	_
U	line 18 is not more than 331,5%, check this						
20	Private foundation. If the organization di		_				_
20	File organization of	u not check a	TOOK OIT HITE 14	+, 13a, Ul 13D,	CHECK IIIIS DOX	מוט של ווואור	uctions 🕨 🗌

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.)

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



	e A (Form 990 or 990-EZ) 2017			age T
Part	V Supporting Organizations (continued)		V	11
44	Here the appropriate appointed a gift or contribution from any of the following page 22	$\overline{}$	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	l i		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
C Cast!	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations	—— <u> </u>	Yes	No
4	Did the diseases to stee a company of one or many appropriations have the necessity	$\overline{}$	res	NO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
		لـــا	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			ŀ
	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		L	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's		1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			•
Ь	The organization satisfied the Activities rest. Complete tine 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity ((see in	struct	ions
		- 2		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1		1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<u></u>	 	<u> </u>
	·	2a	<u> </u>	<u> </u>
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			Γ
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		Ī
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3ь	\vdash	t

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
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):	<u> </u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b	<u>-</u>	
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		, ,	*
factors (explain in detail in Part VI):	ᆫ	<u>-</u>	
2 Acquisition Indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	5		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by .035.	<u> </u>		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		The state of the s	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2	AND ADDITIONAL PROPERTY.	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	THE PART OF THE PA	
4 Enter greater of line 2 or line 3.	4	1000年(建設)。	_
5 Income tax imposed in prior year	5	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
emergency temporary reduction (see instructions).	<u>. </u>	tograted Tune III suggestion	
7 Check here if the current year is the organization's first as a non-functional instructions).	ıy IN	regrated Type III supporting	organization (see

Betty Lynn Evans FAD_COMP

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Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish	exempt purposes					
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted				
	organizations, in excess of income from activity		_				
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive				
	(provide details in Part VI). See instructions.	-					
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		m	(ii)	(iii)			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017						
	(reasonable cause required - explain in Part VI). See			-			
	instructions.						
3	Excess distributions carryover, if any, to 2017						
а							
b	From 2013						
С	From 2014						
d	From 2015						
е	From 2016						
f	Total of lines 3a through e			,			
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from						
	Section D, line 7:						
а	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result	İ					
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3						
	and 4c.						
8	Breakdown of line 7:		 				
a	Excess from 2013	<u> </u>					
b	Excess from 2014		 				
c	Excess from 2015						
d	Excess from 2016		· 				
	Excess from 2017	 					



Betty Lynn Evans FAD_COMP



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.)									
For details of Other Income please refer to part VIII line 11 of form F990.										
on square at outer missing productions we part time the vision 1 seed.										

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization		Employer identification number
INTERN	ATIONAL COMMITTEE OF THE RED CROSS (ICRC)		98-6001029
Parl	Organizations Maintaining Donor Adv		ds or Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
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 funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the bene conferring impermissible private benefit?	and donor advisors in writing that grainfit of the donor or donor advisor, or f	nt funds can be used or any other purpose
Part			
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	 □ Preservation of land for public use (e.g., recrea □ Protection of natural habitat □ Preservation of open space 	•	f a historically important land area f a certified historic structure
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribute	on in the form of a conservation
	easement on the last day of the tax year.	•	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen		· — — — — — — — — — — — — — — — — — — —
C	Number of conservation easements on a certified		
ď	Number of conservation easements included in		
-	historic structure listed in the National Register		· · 2d
3	Number of conservation easements modified, tran	sferred, released, extinguished, or terr	
	tax year ▶		, ,
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy re violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectin	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's firents.	nancial statements that describes the
Part	Complete if the organization answered	"Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the	r assets held for public exhibition, ed	ducation, or research in furtherance of
b	If the organization elected, as permitted under 5 works of art, historical treasures, or other simila public service, provide the following amounts relative to the following amount relative to the following amounts relative to the following amo	r assets held for public exhibition, en ting to these items:	ducation, or research in furtherance of
	(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 following amounts required to be reported under \$		
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2017

Cat. No. 52283D

Schodu	e D (Form 990) 2017							Page 2
	III Organizations Maintaining	Collections of	Art Hie	orical T	roasuros	or O	her Similar A	
3	Using the organization's acquisition, a collection items (check all that apply):							
а	☐ Public exhibition			T 1020	or exchang	a nroa	rame	
b	Scholarly research							
C	Preservation for future generations		•					
4	Provide a description of the organizati	on's collections a	and expla	in how ti	hev further	the or	ranization's eve	emnt nurnese in Part
•	XIII.		old CApic		ncy tartifici	uic oiş	ganization 5 cxt	inpr parpose in rain
5	During the year, did the organization assets to be sold to raise funds rather							
Par	IV Escrow and Custodial Arra				organizar			☐ les ☐ Ido
	Complete if the organization 990, Part X, line 21.		on For	m 990, F	Part IV, line	e 9, or	reported an a	mount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	llowing ta	able:			
							T	Amount
C	Beginning balance					10	;	
d	Additions during the year					10	1	
e	Distributions during the year					10		
f	Ending balance					111		
2a	Did the organization include an amoun	t on Form 990, Pa	art X, line	21, for e	scrow or co	ustodia	l account liabili	ty? 🗌 Yes 🔲 No
b	If "Yes," explain the arrangement in Pa	rt XIII. Check here	e if the ex	kplanatioi	n has been	provid	ed on Part XIII	🗆
Par	t V Endowment Funds.							
	Complete if the organization	answered "Yes	" on For	m 990, F	Part IV, line	e 10.		
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance							
Ь	Contributions							
C	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance						Ĺ	
2	Provide the estimated percentage of the			e (line 1g	, column (a	ı)) held	as:	
а	Board designated or quasi-endowmen	t >	%					
b	Permanent endowment	%						
C	Temporarily restricted endowment ▶	%						
_	The percentages on lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	possession of the	ne organi	zation tha	at are held	and ac	Iministered for t	
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
ь	If "Yes" on line 3a(ii), are the related or							. 3b
4	Describe In Part XIII the intended uses		on's endo	owment to	unds.			
Par	Land, Buildings, and Equip		" ~~ ~ .	000	7-464 °C		0 5 65	D-1V# 40
	Complete if the organization							
	Description of property	(a) Cost or of (investment)		, ,	or other basis other)		Accumulated lepreciation	(d) Book value
1a	Land			 				
b	Buildings	25	1 684 433			l	-93 729 512	157 954 921

151 721 017

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

c Leasehold improvements d Equipment

> 213 566 735 Schedule D (Form 990) 2017

-96 109 <u>203</u>

<u>55 611 814</u>

Part				Retur	ı.
	Complete if the organization answered "Yes" on Form 990,		V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	• •			1 870 193 299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 _ :	ì		
a	Net unrealized gains (losses) on investments	2a	<u> </u>		
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants	2c			
ď	Other (Describe in Part XIII.)	2d		2	
e	Add lines 2a through 2d			2e	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i ·		3	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	216 469		
C	Add lines 4a and 4b		-316 458	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1 869 876 841
Part					
	Complete if the organization answered "Yes" on Form 990,				a
1	Total expenses and losses per audited financial statements			1	1 805 867 048
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	1		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-316 458		
С				4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.)	<u> </u>	5	1 805 550 590
	Supplemental Information.				
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	·	to pic	ovide any additional il	iioiiiati	ion.
Part X	Line 1.				
TL:- :-			*	_ _	
Inis is	the sum of the operational contributions and the non-operational income in t	ne 201	/ audited financial stat	ements	•
Dart V	Line 4b.				
rail V	Luie 40.				
1120.3	16 458 represent losses on disposal of fixed assets that are netted against gai	ne from	m eimilar dienoeale. Th	o not a	ain for the 2017 year
0303	to 430 tepresent losses of disposal of fixed assets that are fiction against ga	113 1101	ii siiiiiai uisposais. II	ie net ye	antior the 2017 Year
is ren	rted as USD 2 892 732 in Form F990 part VIII line 7c column "Other".				
::.::P:					
Part X	I Line 1.				
		••••	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
This is	the sum of the operational expenses and the non-operational expenses in the	e 2017	audited financial state	ments.	
Part X	I Line 4c.				
•••					
Same	as above USD -316 458 represent losses that are netted against gains on disp	osal of	fixed assets.		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••	

(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ 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.	Part VII	Investments - Other Securities		000 D-+ N/ I		- 000 Dat V Kar 40
The Financial derivatives Cost or end-of-year market value						
				(b) Book value		
(3) Other (4) (6) (7) (7) (8) (9)	(1) Financial	derivatives				
(9) (9) (10) (10) (10) (10) (10) (10) (10) (10	. ,	neld equity interests				
15						
Col. Col.						
(i) (ii) (ii) (iii)						
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.		•				
Fig.		***************************************			 	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, fine 11c. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, fine 11c. See Form 990, Part X, line 13. Cost or end-of-year market value						
Column (b) must equal Form 930, Part X, col. (b) line 12) Fair VIII			····		 	
Total Column (s) must equal Form 990, Part X, col. (g) line 12 Part X						
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Schedule D (Form 990) 2017 Page 5		
Part XIII	Supplemental Information (continued)	
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Schedule D (Form 990) 2017

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC) 98-6001029 Part III line 1 The ICRC mission was given by the International community in the four Geneva Conventions of 1949 and Additional Protocols of 1977. It acts as a neutral intermediary between belligerents. As the promoter and guardian of international humanitarian law, it strives to protect and assist the victims of armed conflicts, internal disturbances and other situations of internal violence. For the mandate; see the ICRC website: https://www.icrc.org/en/who-we-are/mandate Part III lines 4a to 4e: The ICRC has four major programs: Assistance (4a), Protection (4b), Prevention (4c) and Cooperation (below). The aim of the fourth program, ICRC's Cooperation with National Societies (example American Red Cross for the USA), is twofold: 1) to strengthen operational relationship with host National Societies to improve their activities for people affected by armed conflict and 2) to strengthen their capacities overall. The ICRC annual report available on our website describes in detail the objectives and achievements of these four programs. For the 2017 Annual Report: https://www.icrc.org/en/annual-report Amounts reported in part III do not match the Annual Report, because the Annual Report figures include overhead, whereas the Part III figures exclude overhead. Part IV line 20: The ICRC is not registered or licensed to manage or operate hospitals in the United States. This is not applicable to the ICRC. Part V line 3b. No unrelated business income to report during the tax year. Part V line 4b: Based in Geneva, Switzerland, ICRC employs 16,586 people in over 80 countries. The ICRC works worldwide to provide humanitarian help for people affected by conflicts. For operational reasons, it has opened bank accounts in every country it operates. For a map indicating these countries, please refer to ICRC's website: https://www.icrc.org/en/where-we-work Part V Line 13a: The ICRC activity does not qualify as "health insurance issuer". These questions are not applicable. Part V Line 14a: The ICRC did not receive any indoor tanning services during the tax year. This question is not applicable. Part VI Section A Line 3. The ICRC's Assembly delegates authority to the Audit Committee for finance matters. Part VI Section B Line 11b:

The process to review the form 990 includes (1) a formal reconciliation to the audited financial statements of the ICRC expressed in CHF.

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



Schedule O (Form 990 or 990-EZ) (2017)

Cat. No 51056K

Schedule O (Form 990 or 990-EZ) (2017)