

# Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0047

**2000**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

**B** Check if applicable:

- ☐ Change of address  
☐ Change of name  
☐ Initial return  
☐ Final return  
☐ Amended return (use also for state reporting)

Please use IRS label or print or type See Specific Instructions

**C** Name of organization

**INTERNATIONAL CRISIS GROUP**

Number and street (or P.O. box if mail is not delivered to street address)

**1522 K STREET, NW**

City or town, state or country, and ZIP

**WASHINGTON, DC 20005**

**D** Employer identification number

**52-5170039**

**E** Telephone number

**202-408-8012**

**F** Check ☐ if application pending

**G** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 527 OR ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**J** Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ☐

**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates ☐

**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No" attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Enter 4 digit group exemption no. (GEN) ☐

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	5,145,516.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	1,208,653.	
	d	Total (add lines 1a through 1c) (cash \$ 6,354,169. noncash \$ )	1d	6,354,169.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	112,025.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
6b	Less: rental expenses	6b			
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe )	7			
Expenses	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	60,632.	
	8d		8d	60,632.	
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory less returns and allowances	10a		
10b	Less: cost of goods sold	10b			
10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	3,218.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	6,530,044.		
Net Assets	13	Program services (from line 4, column (B))	13	4,123,881.	
	14	Management and general (from line 4, column (C))	14	678,533.	
	15	Fundraising (from line 4, column (D))	15	584,044.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 13 and 14, column (A))	17	5,386,458.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,143,586.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,378,679.	
	20	Other changes in net assets or fund balances (attach explanation)	20	-123,188.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,399,077.	

SEE STATEMENT 2

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 256,787.	0.	256,787.	0.
26 Other salaries and wages	26 2,553,658.	1,421,791.	1,131,867.	
27 Pension plan contributions	27			
28 Other employee benefits	28 141,607.	141,207.	400.	
29 Payroll taxes	29 286,787.	84,081.	202,706.	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32 94,570.	22,211.	72,359.	
33 Supplies	33 225,627.	67,795.	157,832.	
34 Telephone	34 259,586.	144,226.	115,360.	
35 Postage and shipping	35 125,495.	94,083.	31,412.	
36 Occupancy	36 380,572.	117,126.	263,446.	
37 Equipment rental and maintenance	37 28,225.	6,853.	21,372.	
38 Printing and publications	38 212,762.	131,908.	80,854.	
39 Travel	39 685,058.	338,846.	346,212.	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 93,251.	37,707.	55,544.	
43 Other expenses (itemize)	43			
a MISCELLANEOUS EXPENSES	43a 42,473.	11,936.	30,537.	
b ALLOCATION OF	43b			
c MANAGEMENT & GENERAL	43c 0.	1,504,111.	-2,088,155.	584,044.
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D) carry these totals to lines 13-15.	44 5,386,458.	4,123,881.	678,533.	584,044.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)

a BALKANS PROGRAM - SEE ATTACHED STATEMENT 4A		
(Grants and allocations \$ _____)		1,620,385.
b CENTRAL AFRICA PROGRAM - SEE ATTACHED STATEMENT 4A		
(Grants and allocations \$ _____)		1,215,201.
c ASIA PROGRAM - SEE ATTACHED STATEMENT 4A		
(Grants and allocations \$ _____)		1,176,934.
d LATIN AMERICA PROGRAM - SEE ATTACHED STATEMENT 4A		
(Grants and allocations \$ _____)		14,871.
e Other program services (attach schedule) <b>STATEMENT 4</b>	(Grants and allocations \$ _____)	96,490.
f Total of Program Service Expenses (should equal line 44, column (B) Program services)		4,123,881.

**Part IV Balance Sheets**

Note		Where required attached schedules and amounts within the description column should be for end-of year amounts only		(A) Beginning of year		(B) End of year
<b>Assets</b>	45	Cash - non-interest bearing		2,348,643.	45	2,893,392.
	46	Savings and temporary cash investments		705,416.	46	1,256,082.
	47 a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable		2,202,620.	49	2,100,262.
	50	Receivables from officers, directors, trustees, and key employees			50	
	51 a	Other notes and loans receivable	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments - securities			54	
	55 a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation	55b		55c	
56	Investments - other			56		
57 a	Land, buildings and equipment basis	57a	575,544.			
b	Less accumulated depreciation STMT 5	57b	290,192.	121,388.	57c	285,352.
58	Other assets (describe SEE STATEMENT 6 )			322,135.	58	244,410.
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)			5,700,202.	59	6,779,498.
<b>Liabilities</b>	60	Accounts payable and accrued expenses		321,523.	60	380,421.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable			64b	
	65	Other liabilities (describe )			65	
66	<b>Total liabilities</b> (add lines 60 through 65)			321,523.	66	380,421.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		5,010,565.	67	5,663,578.
	68	Temporarily restricted		368,114.	68	735,499.
	69	Permanently restricted		0.	69	0.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)		5,378,679.	73	6,399,077.
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		5,700,202.	74	6,779,498.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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Part I		Part II	
a	Total revenue, gains and other support per audited financial statements	a	6,530,044.
b	Amounts included on line a but not on line 12, Form 990	b	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	6,530,044.
d	Amounts included on line 12, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	6,530,044.
a	Total expenses and losses per audited financial statements	a	5,509,646.
b	Amounts included on line a but not on line 17, Form 990	b	
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	STMT 7 \$ 123,188.		
	Add amounts on lines (1) through (4)	b	123,188.
c	Line a minus line b	c	5,386,458.
d	Amounts included on line 17, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	5,386,458.

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? If "Yes" attach schedule ☐ Yes ☒ No

Form 990 (2000)

**Part VI Other Information**

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b If "Yes," enter the name of the organization <b>INTERNATIONAL CRISIS GROUP A.I.S.B.L.</b> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.	
b Did the organization file Form 1120-POL for this year?	81b		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b	N/A	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85 501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c Dues, assessments, and similar amounts from members	85c	N/A	
d Section 162(e) lobbying and political expenditures	85d	N/A	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.	
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.	
90 a List the states with which a copy of this return is filed <b>DISTRICT OF COLUMBIA</b>	90b		58
b Number of employees employed in the pay period that includes March 12, 2000			

91 The books are in care of **HELEN BREWER** Telephone no **32-2-536-0072**

Located at **1149 AVE LOUISE-LEVEL 16B 1050, BRUSSELS** ZIP code **BELGIUM**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐  
and enter the amount of tax exempt interest received or accrued during the tax year **92** **N/A**

**Part VII Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	112,025.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	60,632.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS			01	3,218.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		175,875.	0.
105 Total (add line 104, columns (B), (D) and (E))					175,875.

Note Line 105 plus line 1d Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End of year assets
	%			
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

accompanying schedules and statements and to the best of my knowledge and belief, it is true information of which preparer has any knowledge (Important: See General Instruction W)

4/13/02  
 H.S. BREWER  
 FINANCE DIRECTOR  
 Date Type or print name and title

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information**

► **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

**2000**

Name of the organization

**INTERNATIONAL CRISIS GROUP**

Employer identification number

**52 5170039**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>CHARLES RADCLIFFE</b> ----- <b>PARIS</b>	<b>VP</b>  <b>40</b>	<b>122,764.</b>	<b>0.</b>	<b>0.</b>
<b>HAROLD CROUCH</b> ----- <b>INDONESIA</b>	<b>PROG DIR</b>  <b>40</b>	<b>70,000.</b>	<b>0.</b>	<b>12,000.</b>
<b>JAMES LYON</b> ----- <b>BOSNIA</b>	<b>POLIT ANALYST</b>  <b>40</b>	<b>70,000.</b>	<b>0.</b>	<b>0.</b>
<b>FRANCOIS GRIGNON</b> ----- <b>AFRICA</b>	<b>PROG DIR</b>  <b>40</b>	<b>65,000.</b>	<b>0.</b>	<b>12,000.</b>
<b>GREG AUSTIN</b> ----- <b>BRUSSELS</b>	<b>RESEARCH DIR</b>  <b>40</b>	<b>57,561.</b>	<b>4,261.</b>	<b>0.</b>
Total number of other employees paid over \$50,000	<b>2</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b> ----- ----- ----- ----- ----- ----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services	<b>0</b>	

**Part III Statements About Activities**

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?
- If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **▶** \$ \_\_\_\_\_
- Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.
- 2 During the year, has the organization either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?
- a Sale, exchange, or leasing of property?
- b Lending of money or other extension of credit?
- c Furnishing of goods, services, or facilities?
- d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V, FORM 990**
- e Transfer of any part of its income or assets?
- If the answer to any question is "Yes," attach a detailed statement explaining the transactions.
- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.?
- 4 a Do you have a section 403(b) annuity plan for your employees?
- b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.)

1		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3		X
4a		X

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A** **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.  
**Note.** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,859,965.	2,409,293.	1,735,515.	2,584,466.	11,589,239.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	52,652.	18,094.	36,032.	23,849.	130,627.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.		965.	4,693.	1,845.	7,503.
<b>23</b> Total of lines 15 through 22	4,912,617.	2,428,352.	1,776,240.	2,610,160.	11,727,369.
<b>24</b> Line 23 minus line 17	4,912,617.	2,428,352.	1,776,240.	2,610,160.	11,727,369.
<b>25</b> Enter 1% of line 23	49,126.	24,284.	17,762.	26,102.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24 ▶					234,547.
<b>b</b> Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. SEE STATEMENT 9 ▶					4,244,022.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e) ▶					11,727,369.
<b>d</b> Add: Amounts from column (e) for lines 18 <u>130,627.</u> 19 <u>                    </u> 22 <u>7,503.</u> 26b <u>4,244,022.</u> ▶					4,382,152.
<b>e</b> Public support (line 26c minus line 26d total) ▶					7,345,217.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					62.6331%.
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of and total amounts received in each year from each "disqualified person." Enter the sum of such amounts for each year (1999) <u>N/A</u> (1998) <u>                    </u> (1997) <u>                    </u> (1996) <u>                    </u>					
<b>b</b> For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (1999) <u>-</u> (1998) <u>                    </u> (1997) <u>                    </u> (1996) <u>                    </u>					
<b>c</b> Add: Amounts from column (e) for lines 15 <u>                    </u> 16 <u>                    </u> 17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u> ▶					N/A
<b>d</b> Add: Line 27a total <u>                    </u> and line 27b total <u>                    </u> ▶					N/A
<b>e</b> Public support (line 27c total minus line 27d total) ▶					N/A
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ <u>27f</u> <u>N/A</u>					
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					N/A %.
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					N/A %.

**28 Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

**Part V Private School Questionnaire****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975 2 C.B. 587 covering racial nondiscrimination? If "No," attach an explanation.	35	

Schedule A (Form 990 or 990-EZ) 2000

**Part VI-A Lobbying Expenditures by Electing Public Charities**(To be completed **ONLY** by an eligible organization that filed Form 5768)**N/A**Check here ☐ If the organization belongs to an affiliated groupCheck here ☐ If you checked "a" above and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

**(a)**  
Affiliated group  
totals**(b)**  
To be completed for ALL  
electing organizations

- 36** Total lobbying expenditures to influence public opinion (grassroots lobbying)
- 37** Total lobbying expenditures to influence a legislative body (direct lobbying)
- 38** Total lobbying expenditures (add lines 36 and 37)
- 39** Other exempt purpose expenditures
- 40** Total exempt purpose expenditures (add lines 38 and 39)
- 41** Lobbying nontaxable amount. Enter the amount from the following table -
- |  |   |
|--|---|
| <b>If the amount on line 40 is -</b>       | <b>The lobbying nontaxable amount is -</b>        |
| Not over \$500,000                         | 20% of the amount on line 40                      |
| Over \$500,000 but not over \$1,000,000    | \$100,000 plus 15% of the excess over \$500,000   |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000  |
| Over \$17,000,000                          | \$1,000,000                                       |
- 42** Grassroots nontaxable amount (enter 25% of line 41)
- 43** Subtract line 42 from line 36. Enter 0- if line 42 is more than line 36
- 44** Subtract line 41 from line 38. Enter 0- if line 41 is more than line 38

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

Yes	No
-----	----

(i) Cash

51a(1)	X
--------	---

(ii) Other assets

a(11)	X
-------	---

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

b(1)	X
------	---

(ii) Purchases of assets from a noncharitable exempt organization

b(11)		X
-------	--	---

(iii) Rental of facilities, equipment, or other assets

b(m)		x
------	--	---

(iv) Reimbursement arrangements

b(IV)		X
-------	--	---

(v) Loans or loan guarantees

$b(v)$	$x$
--------	-----

(vi) Performance of services or membership or fundraising solicitations

$b(v_i)$		X
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**c** Sharing of facilities, equipment, mailing lists, other assets or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to one or more tax exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

☐ Yes ☒ No

b. If "Yes," complete the following schedule

N/A

[illegible]

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

**2000**

Name of organization

INTERNATIONAL CRISIS GROUP

Employer identification number  
52-5170039

Organization type (check one)-Section ☒ 501(c)(3) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose \$

**Note** This form is generally not open to public inspection except for section 527 organizations.

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed On Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General rule.** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations.** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A)),

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example.** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations.** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

**Specific Instructions**

**Note.** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I.** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II.** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III.** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also in the heading of Part III total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

INTERNATIONAL CRISIS GROUP

52-5170039

## Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>450,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>2</u>		\$ <u>2,500,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>3</u>		\$ <u>200,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>4</u>		\$ <u>150,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>5</u>		\$ <u>1,000,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>6</u>		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

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SCHEDULE A	IDENTIFICATION OF EXCESS CONTRIBUTIONS INCLUDED ON PART IV, LINE 26B	STATEMENT	9
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\*\*\* NOT OPEN TO PUBLIC INSPECTION \*\*\*

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<u>CONTRIBUTOR'S NAME</u>	<u>TOTAL CONTRIBUTION</u>	<u>EXCESS CONTRIBUTION</u>
	3,232,378.	2,997,831.
	800,000.	565,453.
	500,000.	265,453.
	649,832.	415,285.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		<u>4,244,022.</u>

## FOOTNOTES

## STATEMENT

1

THE INTERNATIONAL CRISIS GROUP ("ICG") PREVIOUSLY FILED  
TAX RETURNS UNDER THE EIN 52-1934311. THE CURRENT NUMBER  
IS 52-5170039.



FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTIONAMOUNT

NET REALIZED EXCHANGE LOSSES

-123,188.

TOTAL TO FORM 990, PART I, LINE 20

-123,188.

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
	PART III		

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**EXPLANATION**

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THE INTERNATIONAL CRISIS GROUP (ICG) IS A PRIVATE, MULTINATIONAL ORGANISATION COMMITTED TO STRENGTHENING THE CAPACITY OF THE INTERNATIONAL COMMUNITY TO ANTICIPATE, UNDERSTAND AND ACT TO PREVENT AND CONTAIN CONFLICT.

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 4

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
THEMATIC RESEARCH		54,462.
OTHER PROGRAMS		42,028.
TOTAL TO FORM 990, PART III, LINE E		96,490.

The International Crisis Group  
For the 2000 Tax Year  
Statement of Program Service Accomplishments

Africa

**Central Africa** Burundi, Democratic Republic of Congo, Rwanda ICG has operated a project in Central Africa since early 1998, focusing principally on the peace process in Burundi, the war in the Democratic Republic of Congo and justice issues in Rwanda. The project was significantly expanded in 2000, with the opening of a project office in Nairobi and the appointment of several additional full-time field analysts.

**Zimbabwe** ICG established a watching brief on the country in June 2000, with visiting analysts reporting. ICG papers have sought to analyze the causes of Zimbabwe's crisis and set out a strategy for change.

**Algeria** ICG's Algeria reports seek to disentangle and highlight the root causes of the conflict, and advocate practical policy solutions. Key issues include the need to fundamentally restructure and re-legitimize the Algerian state, open up the country's political process, bring the Islamists into the formal political arena and tackle the army's role in politics.

Asia Program

**Indonesia** ICG opened its office in Jakarta in 2000 and now has a staff of three full-time analysts. Research has focused on separatist conflicts in several provinces including Aceh, communal violence and the government's response in Kalimantan and Maluku, Presidential reform and the economic problems underlying so much of the violence in Indonesia. ICG has also provided detailed analysis of on-going political problems and has outlined the need for deep reforms of the military and judiciary.

**Central Asia** Since 2000, ICG has an office in the Kyrgyzstan city of Osh at the western end of the Ferghana Valley, a relatively densely populated region of 10 million people that is a particular area of concern regarding cross-border conflict and ethnic tensions. The project was set up to provide comprehensive situation analysis on a region that remains an unknown quantity in wider international policy making circles. Research has focused on the potential causes of conflicts including the internal political dynamics of these countries, Islamist militancy, drugs, the environment, and border demarcations. The project is also looking at religious and ethnic issues across the region.

**Myanmar** ICG's Myanmar Project aims to examine the policies of the State Peace and Development Council and the international response to military rule. It also seeks to highlight ways in which the international community may be able to reduce the risks of conflict involved in any political transition, focusing on ethnic conflicts, economic and political reforms and international support.

## Balkans Program

ICG's Balkans program presently spans projects in Albania, Bosnia, Kosovo, Macedonia, Montenegro and Serbia. A team of policy analysts is stationed in the region, with the overall Program Director based at ICG's headquarters in Brussels. Since beginning work in Bosnia in February 1996, ICG has built up a sound track record in the Balkans, being seen as an independent voice and source of influential new policy ideas.

The Balkans remains an area of critical strategic interest to Western governments and a potential flash point for further conflicts in the post-Milosevic era. The region's problems are complex, deeply rooted and unlikely to be resolved without sustained attention and involvement on the part of the international community. For these reasons, ICG will maintain a sizeable presence in the Balkans for the foreseeable future.

Within the region, ICG will continue to focus on the evolution of events in the individual entities, assessing their significance, inter-relationship and wider impact, but will also explore a number of thematic issues going to the structure and future stability of the whole region.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	5
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE	139,194.	37,858.	101,336.
OFFICE EQUIPMENT	313,094.	154,200.	158,894.
VEHICLES (BOSNIA)	123,256.	98,134.	25,122.
TOTAL TO FORM 990, PART IV, LN 57	575,544.	290,192.	285,352.

FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTIONAMOUNT

ACCOUNTS RECEIVABLE &amp; OTHER ASSETS

105,121.

CASH GUARANTEES

139,289.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

244,410.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	7
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DESCRIPTIONAMOUNT

FOREIGN EXCHANGE LOSS

123,188.

TOTAL TO FORM 990, PART IV-B

123,188.



SCHEDULE A	OTHER INCOME			STATEMENT	8
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT	
MISCELLANEOUS INCOME		965.	4,693.	1,845.	
TOTAL TO SCHEDULE A, LINE 22		965.	4,693.	1,845.	



## BOARD OF TRUSTEES AT JUNE 30, 2001 (For form 990)

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*Member of the Russian Duma*

**Mortimer Zuckerman (Subsequently Resigned)**  
*Chairman and Editor-in-Chief US News and World Report*

• If you are filing for an Additional (not automatic) 3 Month Extension, complete only Part II and check this box ☒

**Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3 Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	INTERNATIONAL CRISIS GROUP	52-1934311
	Number street and room or suite no. If a P.O. box, see instructions	For IRS use only
	1522 K STREET, NW, NO. 200	
	City, town or post office state and ZIP code. For a foreign address, see instructions	
	WASHINGTON, DC 20005	

Check type of return to be filed (File a separate application for each return)

☒ Form 990   
 ☐ Form 990 EZ   
 ☐ Form 990 T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041 A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990 BL   
☐ Form 990 PF   
☐ Form 990 T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

• If the organization does not have an office or place of business in the United States, check this box ☐  
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until MAY 15, 2002  
 5 For calendar year \_\_\_\_\_, or other tax year beginning JUL 1, 2000 and ending JUN 30, 2001  
 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period  
 7 State in detail why you need the extension:  
AN EXTENSION OF TIME IS REQUIRED IN ORDER TO FINISH GATHERING ALL OF THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_  
 b If this application is for Form 990 PF, 990 T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ \_\_\_\_\_  
 c **Balance Due** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

**Deloitte & Touche, LLP**

1750 Tysons Blvd  
McLean, VA 22102  
Tax ID 13-3891517

Signature [Signature] Title CPA

Date 5/14/02

**Notice to Applicant - T**

- ☐ We have approved this application. Please attach this form to the organization's return.  
☐ We have not approved this application. However, we have granted a 10 day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.  
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10 day grace period.  
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.  
☐ Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above.

Type or print	Name
	DELOITTE & TOUCHE LLP TAX DEPT.
	Number and street (include suite, room or apt. no.) Or a P.O. box number
	1750 TYSONS BOULEVARD
	City or town, province or state, and country (including postal or ZIP code)
	MCLEAN, VA 22102-4219

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only **Part I** and check this box ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	INTERNATIONAL CRISIS GROUP	52-1934311
File by the due date for filing your return. See instructions	Number, street and room or suite no. If a P.O. box, see instructions	
	1522 K STREET, NW, NO. 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WASHINGTON, DC 20005	

Check type of return to be filed (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until FEBRUARY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year \_\_\_\_\_ or
- ☒ tax year beginning JUL 1, 2000 and ending JUN 30, 2001

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► Brian D Davis Title ► CPA

**Deloitte & Touche, LLP**  
1750 Tysons Blvd  
McLean, VA 22102  
Tax ID 13-3891517

Date ► 11/12/01  
Form **8868** (12 2000)

LHA For Paperwork Reduction Act Notice, see instruction