

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2001Open to Public
InspectionA For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**B Check if
applicable

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Final
return
- ☐ Amended
return
- ☐ Application
pending

Please
use IRS
label or
print or
type
See
Specific
Instruc-
tions

C Name of organization

INTERNATIONAL CRISIS GROUP

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

1629 K STREET, NW SUITE 450

Room/suite

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20006

D Employer identification number

52-5170039

E Telephone number

202-785-1601

F Accounting method

☐ Cash☒ Accrual☐ Other
(specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

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

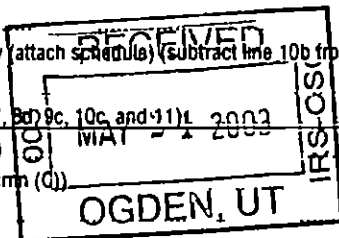
H(b) If "Yes," enter number of affiliates ▶

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 or-
ganization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

G Web site ▶ **WWW.CRISISWEB.ORG**J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527K 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 returnM Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF)L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **9,123,107.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

| | | | | | | | |
|------------|--|--|-----------------|------------------------|-------------------|-------------------|-------------------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | 1a | 7,196,490. | 1d | 8,935,473. |
| | a | Direct public support | | 1b | | 2 | |
| | b | Indirect public support | | 1c | 1,738,983. | 3 | |
| | c | Government contributions (grants) | | | | 4 | 68,949. |
| | d | Total (add lines 1a through 1c) (cash \$ 8,833,466. noncash \$ 102,007.) | | | | 5 | |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | | | | 6 | |
| | 3 | Membership dues and assessments | | | | 7 | |
| | 4 | Interest on savings and temporary cash investments | | | | 8 | |
| | 5 | Dividends and interest from securities | | | | 9 | |
| | 6 | Gross rents | | 6a | | 10 | |
| b | Less: rental expenses | | 6b | | 11 | | |
| c | Net rental income or (loss) (subtract line 6b from line 6a) | | | | 12 | | |
| 7 | Other investment income (describe ▶) | | | | 13 | | |
| 8 | Gross amount from sale of assets other than inventory | | (A) Securities | (B) Other | 8d | 14,239. | |
| a | | | 116,246. | 8a | | | |
| b | Less: cost or other basis and sales expenses | | 102,007. | 8b | | | |
| c | Gain or (loss) (attach schedule) | | 14,239. | 8c | | | |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | | STMT 1 | | | | |
| 9 | Special events and activities (attach schedule) | | | | | | |
| a | Gross revenue (not including \$ _____ of contributions reported on line 1a) | | 9a | | 9c | | |
| b | Less: direct expenses other than fundraising expenses | | 9b | | | | |
| c | Net income or (loss) from special events (subtract line 9b from line 9a) | | | | | | |
| 10 | Gross sales of inventory, less returns and allowances | | 10a | | 10c | | |
| b | Less: cost of goods sold | | 10b | | | | |
| c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | | | | | | |
| 11 | Other revenue (from Part VII, line 103) | | | | 11 | 2,439. | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | | | 12 | 9,021,100. | |
| Expenses | 13 | Program services (from line 44, column (B)) | | | 13 | 7,075,066. | |
| | 14 | Management and general (from line 44, column (C)) | | | 14 | 684,322. | |
| | 15 | Fundraising (from line 44, column (D)) | | | 15 | 262,159. | |
| | 16 | Payments to affiliates (attach schedule) | | | 16 | | |
| | 17 | Total expenses (add lines 13 and 14, column (A)) | | | 17 | 8,021,547. | |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | | | 18 | 999,553. | |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 | 6,399,077. | |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | SEE STATEMENT 2 | 20 | 40,530. | |
| | 21 | Net assets or fund balances at end of year (combine lines 18, 19 and 20) | | | 21 | 7,439,160. | |



123001 01 04 02 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2001)

10210425 792831 INT-4196

2001.08000 INTERNATIONAL CRISIS GROUP

INT-4191

SCANNED JUN 16 2003

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 5b, 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. | 25 200,616. | 176,692. | 17,704. | 6,220. |
| 26 Other salaries and wages | 26 3,921,220. | 3,458,798. | 333,932. | 128,490. |
| 27 Pension plan contributions | 27 76,072. | 67,096. | 6,490. | 2,486. |
| 28 Other employee benefits | 28 302,386. | 266,706. | 25,797. | 9,883. |
| 29 Payroll taxes | 29 440,642. | 388,650. | 37,591. | 14,401. |
| 30 Professional fundraising fees | 30 | | | |
| 31 Accounting fees | 31 57,638. | 50,837. | 4,917. | 1,884. |
| 32 Legal fees | 32 34,769. | 30,667. | 2,966. | 1,136. |
| 33 Supplies | 33 156,988. | 138,464. | 13,393. | 5,131. |
| 34 Telephone | 34 327,809. | 289,130. | 27,966. | 10,713. |
| 35 Postage and shipping | 35 220,218. | 194,234. | 18,787. | 7,197. |
| 36 Occupancy | 36 541,766. | 477,842. | 46,218. | 17,706. |
| 37 Equipment rental and maintenance | 37 16,843. | 14,856. | 1,437. | 550. |
| 38 Printing and publications | 38 384,772. | 339,372. | 32,825. | 12,575. |
| 39 Travel | 39 734,516. | 647,848. | 62,662. | 24,006. |
| 40 Conferences conventions and meetings | 40 262,815. | 231,805. | 22,421. | 8,589. |
| 41 Interest | 41 392. | 346. | 33. | 13. |
| 42 Depreciation depletion, etc (attach schedule) | 42 143,377. | 126,459. | 12,232. | 4,686. |
| 43 Other expenses not covered above (itemize) | | | | |
| a OTHER EXPENSES | 43a 7,040. | 6,212. | 600. | 228. |
| b INSURANCE | 43b 140,277. | 123,725. | 11,967. | 4,585. |
| c FINANCIAL CHARGES | 43c 29,612. | 26,118. | 2,526. | 968. |
| d LOCAL TAXES | 43d 21,779. | 19,209. | 1,858. | 712. |
| e | 43e | | | |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15 | 44 8,021,547. | 7,075,066. | 684,322. | 262,159. |

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

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 \$ _____) | | 2,012,869. |
| b AFRICA PROGRAM - SEE ATTACHED STATEMENT 4A | | |
| (Grants and allocations \$ _____) | | 1,926,653. |
| c ASIA PROGRAM - SEE ATTACHED STATEMENT 4A | | |
| (Grants and allocations \$ _____) | | 1,961,507. |
| d MIDDLE EAST PROGRAM - SEE ATTACHED STATEMENT 4A | | |
| (Grants and allocations \$ _____) | | 680,589. |
| e Other program services (attach schedule) STATEMENT 4 | (Grants and allocations \$ _____) | 493,448. |
| f Total of Program Service Expenses (should equal line 44 column (B), Program services) | | 7,075,066. |

Part IV Balance Sheets

| Note | | (A) Beginning of year | | (B) End of year | |
|--|---|---|------------|--------------------|------------|
| <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i> | | | | | |
| Assets | 45 | Cash - non-interest-bearing | 2,893,392. | 45 | 906,312. |
| | 46 | Savings and temporary cash investments | 1,256,082. | 46 | 2,774,928. |
| | 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 | 2,100,262. | 49 | 3,578,821. |
| | 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 <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 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 | 778,870. | | |
| b | Less accumulated depreciation STMT 5 | 57b | 433,569. | 57c | 345,301. |
| 58 | Other assets (describe <input type="checkbox"/> SEE STATEMENT 6) | | 244,410. | 58 | 314,170. |
| 59 | Total assets (add lines 45 through 58) (must equal line 74) | | 6,779,498. | 59 | 7,919,532. |
| Liabilities | 60 | Accounts payable and accrued expenses | 380,421. | 60 | 480,372. |
| | 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 <input type="checkbox"/>) | | 65 | |
| 66 | Total liabilities (add lines 60 through 65) | | 380,421. | 66 | 480,372. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | |
| | 67 | Unrestricted | 5,663,578. | 67 | 4,186,633. |
| | 68 | Temporarily restricted | 735,499. | 68 | 3,252,527. |
| | 69 | Permanently restricted | | 69 | |
| | 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 | Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | | 6,399,077. | 73 | 7,439,160. |
| 74 | Total liabilities and net assets / fund balances (add lines 66 and 73) | | 6,779,498. | 74 | 7,919,532. |

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-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

| | | | |
|----------|---|----------|------------|
| a | Total revenue gains, and other support per audited financial statements | a | 9,021,100. |
| b | Amounts included on line a but not on line 12 Form 990 | | |
| (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 | 0. |
| c | Line a minus line b | c | 9,021,100. |
| d | Amounts included on line 12 Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b Form 990 \$ _____ | | |
| (2) | Other (specify) \$ _____ | | |
| | Add amounts on lines (1) and (2) | d | 0. |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 9,021,100. |

| | |
|------------------|---|
| Part IV-B | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return |
|------------------|---|

| | | | |
|------------|--|----------|------------|
| a | Total expenses and losses per audited financial statements | a | 7,981,017. |
| b | Amounts included on line a but not on line 17, Form 990 | | |
| (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 \$ -40,530. | | |
| | Add amounts on lines (1) through (4) | b | -40,530. |
| c | Line a minus line b | c | 8,021,547. |
| d | Amounts included on line 17, Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ | | |
| (2) | Other (specify) \$ | | |
| | Add amounts on lines (1) and (2) | d | 0. |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 8,021,547. |

| | |
|---------------|--|
| Part V | List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated) |
|---------------|--|

[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

Part VI Other Information

| | 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 INTERNATIONAL CRISIS GROUP A.I.S.B.L. and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt | | |
| 81 a Enter direct or indirect political expenditures. See line 81 instructions | 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 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 | |
| h If section 6033(e)(1)(A) dues notices 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 | |
| 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 SEE STATEMENT #9 | | |
| b Number of employees employed in the pay period that includes March 12, 2001 | 90b | 59 |

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 + 4 **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 (See Specific Instructions on page 32.)

Note: 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) Exclusion 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 | 68,949. | |
| 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 | 14,239. | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue | | | | | |
| a MISCELLANEOUS | | | 01 | 2,439. | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 85,627. | 0. |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 85,627. |

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 (See Specific Instructions on page 32.)

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)

| | |
|---|-----|
| 1 | N/A |
| 2 | |
| 3 | |
| 4 | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33.)

| (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 (See Specific Instructions on page 33.)

(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).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | |
|----------------------|---------|---|------------------------|
| Signature of officer | Date | Type or print name and title | Preparer's SSN or PTIN |
| H. S. BREWER | 4/13/03 | H. S. BREWER FINANCE DIRECTOR | |
| | | Check if self-employed <input type="checkbox"/> | |
| | | EIN | |
| | | Phone no. | (703) 251-1000 |

P TAX DEPT.
D
9

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2001

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 page 1 of the 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 |
|---|--|------------------|---|--|
| CHARLES RADCLIFFE ----- PARIS | VP 40 | 134,189. | 0. | 0. |
| MARK SCHNEIDER ----- WASHINGTON, DC | VP 40 | 148,640. | 0. | 0. |
| NANCY SODERBERG ----- WASHINGTON, DC | VP 40 | 148,597. | 200. | 0. |
| CAROLE CORCORAN ----- WASHINGTON, DC | GEN. COUNSEL 40 | 129,253. | 200. | 0. |
| JON GREENWALD ----- WASHINGTON, DC | VP 40 | 120,000. | 0. | 0. |
| Total number of other employees paid over \$50,000 ▶ | 23 | | | |

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

(See page 2 of the 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 |
|--|---------------------|------------------|
| NONE ----- ----- ----- ----- ----- ----- ----- ----- ----- ----- | | |
| Total number of others receiving over \$50,000 for professional services ▶ | 0 | |

Part III Statements About Activities (See page 2 of the instructions)

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 **\$** _____ **\$** _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

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 substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

2d X

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note. 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.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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.)

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 6 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) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|---|------------|------------|-------------------------|------------|-----------------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) | 6,456,527. | 4,859,965. | 2,409,293. | 1,735,515. | 15,461,300. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose | | | | | |
| 18 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 | 112,025. | 52,652. | 18,094. | 36,032. | 218,803. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 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. | | | | | |
| 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. | 3,218. | | SEE STATEMENT 8 965. | 4,693. | 8,876. |
| 23 Total of lines 15 through 22 | 6,571,770. | 4,912,617. | 2,428,352. | 1,776,240. | 15,688,979. |
| 24 Line 23 minus line 17 | 6,571,770. | 4,912,617. | 2,428,352. | 1,776,240. | 15,688,979. |
| 25 Enter 1% of line 23 | 65,718. | 49,126. | 24,284. | 17,762. | |
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 | | | | | 26a 313,780. |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. | | | | | 26b 7,377,090. |
| c Total support for section 509(a)(1) test. Enter line 24, column (e). | | | | | 26c 15,688,979. |
| d Add: Amounts from column (e) for lines 18 <u>218,803.</u> 19 <u> </u> 22 <u>8,876.</u> 26b <u>7,377,090.</u> | | | | | 26d 7,604,769. |
| e Public support (line 26c minus line 26d total) | | | | | 26e 8,084,210. |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | | | 26f 51.5280% |
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A | (2000) | (1999) | (1998) | (1997) | |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons") prepare a list for your records 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.) Do not file this list with your return. 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: N/A | (2000) | (1999) | (1998) | (1997) | |
| c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u> | | | | | 27c N/A |
| d Add: Line 27a total <u> </u> and line 27b total <u> </u> | | | | | 27d N/A |
| e Public support (line 27c total minus line 27d total) | | | | | 27e N/A |
| f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ 27f <u>N/A</u> | | | | | |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | | | | 27g N/A % |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) | | | | | 27h N/A % |

28 Unusual Grants. For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

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?

Yes No

29

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?

30

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?

31

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?

32d

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

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?

33h

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

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?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement.

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) 2001

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" 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 | | | | | | | | | | | | |
|---|---|-----------------------------------|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|----|--|
| | | N/A | | | | | | | | | | | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | | | | | | | | | | | | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | | | | | | | | | | | | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | | | | | | | | | | | | | |
| 39 | Other exempt purpose expenditures | 39 | | | | | | | | | | | | | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | | | | | | | | | | | | | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table - | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table> | | If the amount on line 40 is - | The lobbying nontaxable amount is - | 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 | 41 | |
| If the amount on line 40 is - | The lobbying nontaxable amount is - | | | | | | | | | | | | | | |
| 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) | 42 | | | | | | | | | | | | | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | | | | | | | | | | | | | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | | | | | | | | | | | | | |

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 11 of the instructions.)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|---|--|-------------|-------------|-------------|--------------|
| | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | 0. |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | 0. |
| 47 | Total lobbying expenditures | | | | 0. |
| 48 | Grassroots nontaxable amount | | | | 0. |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | 0. |
| 50 | 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) (See page 12 of the instructions)

N/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 e 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 |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 0. |

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

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
 - (i) Cash
 - (ii) Other assets
- b** Other transactions
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
- 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.

| | Yes | No |
|--------|-----|----|
| 51a(i) | | X |
| a(ii) | | X |
| b(i) | | X |
| b(ii) | | X |
| b(iii) | | X |
| b(iv) | | X |
| b(v) | | X |
| b(vi) | | X |
| c | | X |

[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]

| Asset No | Description | Date Acquired | Method | Life | Line No | Unadjusted Cost Or Basis | Bus % Excl | Reduction In Basis - ITC, 179, Salvage | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Amount Of Depreciation |
|----------|-------------------------|---------------|--------|------|---------|--------------------------|------------|--|------------------------|--------------------------|-----------------|------------------------|
| 1 | OFFICE FURNITURE | VARIESVAR | | .000 | 16 | 174,502. | | | 174,502. | 37,858. | | 30,018. |
| 2 | OFFICE EQUIPMENT | VARIESVAR | | .000 | 16 | 443,775. | | | 443,775. | 154,200. | | 93,466. |
| 3 | VEHICLES (BOSNIA) | VARIESVAR | | .000 | 16 | 160,593. | | | 160,593. | 98,134. | | 19,893. |
| | * TOTAL 990 PAGE 2 DEPR | | | | | 778,870. | | 0. | 778,870. | 290,192. | 0. | 143,377. |

| | | | |
|----------|---|-----------|---|
| FORM 990 | GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES | STATEMENT | 1 |
|----------|---|-----------|---|

| DESCRIPTION | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | NET GAIN OR (LOSS) |
|-----------------------------|----------------------|------------------------|--------------------|-----------------------|
| SALE OF STOCK | 116,246. | 102,007. | 0. | 14,239. |
| TO FORM 990, PART I, LINE 8 | 116,246. | 102,007. | 0. | 14,239. |

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

DESCRIPTION

AMOUNT

NET REALIZED EXCHANGE GAIN

40,530.

TOTAL TO FORM 990, PART I, LINE 20

40,530.

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

EXPLANATION

THE 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 | | 27,462. |
| LATIN AMERICA PROGRAM | | 465,986. |
| TOTAL TO FORM 990, PART III, LINE E | | 493,448. |

Statement of Program Service accomplishmentsAFRICA

Central Africa ICG's Nairobi-based team monitors and reports on the fragile peace processes in the Democratic Republic of Congo and Burundi, the reconciliation process in Rwanda, and internal and external threats to peace in the surrounding region

West Africa With Sierra Leone emerging from its decade-long civil war, ICG's Freetown-based analysts focus closely on developments in Liberia – long a wellspring for instability – and Guinea, and maintain a watching brief on the wider West African region

Horn of Africa In Sudan, ICG suggests strategies for peace in what remains one of the world's longest-running and most destructive wars. In Somalia, political collapse in this failed state has created a power vacuum posing a danger both to Somalis and the outside world

Southern Africa The risk continues of major violence in Zimbabwe, following the badly flawed election in 2002. ICG analyses both local and regional impacts of the crisis, advancing strategies to prevent further escalation

ASIA

Afghanistan/South Asia From Islamabad, ICG addresses security and stability issues and political transition in Afghanistan, prospects for stability in Pakistan, the explosive situation in Kashmir and factors that foster extremism

Central Asia From Osh, ICG covers the five Central Asian states – Uzbekistan, Tajikistan, Kazakhstan and Turkmenistan – focusing on the region's main security challenges: drug smuggling, border and resource disputes, corruption, extremism and heavy-handed repression of opponents

Indonesia ICG's Jakarta-based team reports and recommends policy on the country's transition to full democracy, separatist struggles in Aceh and Irian Jaya, communal violence and the role of radical Islam

Myanmar As Myanmar takes uncertain steps towards negotiated political change, ICG reports on the military government, the opposition, ethnic minorities and the role of the international community

Taiwan Strait This project examines ways to improve cross-strait confidence and links, and avert deterioration in one of the world's most sensitive situations

MIDDLE EAST

From Amman, ICG analyses the long and short-term factors that feed violent conflict, identifying ways of increasing the capacity and will of governments to cooperate on issues of internal and international security

Arab-Israeli conflict ICG's work in Israel, the occupied territories and Israel's Arab neighbours is focused on new and more comprehensive political and diplomatic strategies to address the sources of conflict, and achieve sustainable peace

Egypt/North Africa In Algeria, ICG continues to monitor efforts to overcome a decade of civil war, and suggests ways of accelerating and managing the transition to a law-bound government. ICG also monitors developments in Egypt and the other countries of North Africa

Iraq/Iran/Gulf ICG analyses the underlying causes of tensions and conflicts in the Gulf region and suggests ways of alleviating them, while exploring appropriate means to promote good governance, sustainable economic growth, and regional stability and security

BALKANS

Bosnia and Herzegovina ICG reports from Sarajevo on and internationally supervised experiment in state-building that remains as precarious as it is important

Kosovo Primary concerns are resolving the province's final status and protecting the rights of minorities while maintaining a sustainable peace

Serbia and Montenegro, Macedonia and Albania. As these countries struggle through difficult transition periods, ICG analysts continue to monitor closely developments threatening the peace internally and in the wider region.

| | | | |
|----------|--|-----------|---|
| FORM 990 | DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT | STATEMENT | 5 |
|----------|--|-----------|---|

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|-----------------------------------|------------------------|-----------------------------|------------|
| OFFICE FURNITURE | 174,502. | 67,876. | 106,626. |
| OFFICE EQUIPMENT | 443,775. | 247,666. | 196,109. |
| VEHICLES (BOSNIA) | 160,593. | 118,027. | 42,566. |
| TOTAL TO FORM 990, PART IV, LN 57 | 778,870. | 433,569. | 345,301. |

| FORM 990 | OTHER ASSETS | STATEMENT | 6 |
|---|--------------|-----------|---|
| DESCRIPTION | | AMOUNT | |
| ACCOUNTS RECEIVABLE & OTHER ASSETS | | 151,042. | |
| CASH GUARANTEES | | 163,128. | |
| TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B | | 314,170. | |

| FORM 990 | OTHER EXPENSES NOT INCLUDED ON FORM 990 | STATEMENT | 7 |
|------------------------------|---|-----------|---|
| DESCRIPTION | | AMOUNT | |
| FOREIGN EXCHANGE GAIN | | -40,530. | |
| TOTAL TO FORM 990, PART IV-B | | -40,530. | |

| SCHEDULE A | OTHER INCOME | | | STATEMENT | 8 |
|------------------------------|----------------|----------------|----------------|----------------|---|
| DESCRIPTION | 2000 AMOUNT | 1999 AMOUNT | 1998 AMOUNT | 1997 AMOUNT | |
| MISCELLANEOUS INCOME | 3,218. | 0. | 965. | 4,693. | |
| TOTAL TO SCHEDULE A, LINE 22 | 3,218. | 0. | 965. | 4,693. | |

INTERNATIONAL CRISIS GROUP
Washington, D C 20006
For The Year Ended June 30, 2002

STATEMENT 9
52-5170039

List of States Which a Copy of This Return is Filed
(Form 990, Part VI, Line 90a)

California
Connecticut
District of Columbia
Illinois
Maryland
Massachusetts
Michigan
New Jersey
New York
Virginia
Washington

ICG BOARD OF TRUSTEES

As from 1 July 2002

Artti Ahtisaari, Chairman

Former President of Finland

Amia Livanos Cattauli, Vice-Chairman

Secretary-General International Chamber of Commerce

Stephen Solarz, Vice-Chairman

Former US Congressman

Areth Evans, President & CEO

Former Foreign Minister of Australia

Amiel Abraham

*Chairman of the Center for Middle East Peace and Economic Cooperation
S*

Orton Abramowitz

Former US Assistant Secretary of State and Ambassador to Turkey

Kenneth Adelman

*Former US Ambassador and Director of the Arms Control and
Disarmament Agency*

Richard Allen

Former US National Security Adviser to the President

Aud Nasser Al Sabah

*Former Kuwaiti Ambassador to the UK and US and
Minister of Information and Oil*

Mushang Ansary

*Former Iranian Minister and Ambassador Chairman Parman Group,
Houston*

Justine Arbour

*Supreme Court Justice, Canada Former Chief Prosecutor International
Criminal Tribunal for former Yugoslavia*

Sebastián Arias Sánchez

Former President of Costa Rica Nobel Peace Prize 1987

Arslan Arioglu

Chairman Yapı Merkezi Turkey

Emma Bonino

Member of the European Parliament former European Commissioner

Włodzisław Brzezinski

Former US National Security Adviser to the President

Therese Carolus

*Former South African High Commissioner to the UK and former Secretary
General of the ANC*

Victor Chu

Chairman of the First Eastern Investment Group Hong Kong

Lesley Clark

Former NATO Supreme Allied Commander, Europe

Uffe Ellemann-Jensen

Former Foreign Minister of Denmark

Mark Eyskens

Former Prime Minister of Belgium

Annika Fahlen

*Former Swedish Ambassador for Humanitarian Affairs Director of Social
Mobilization and Information, UNAIDS*

Naoki Funabashi

Journalist and author Japan

Jerzy Gromek

Former Foreign Minister of Poland

Atal Bihari Vajpayee

Former Prime Minister of India

Abdullah bin Talal

Chairman Arab Thought Forum, Jordan

Carla Hills

Former US Trade Representative

Asma Jahangir

*UN Special Rapporteur on Extrajudicial Summary or Arbitrary Executions
Former Chair Human Rights Commission of Pakistan*

Ellen Johnson Sirleaf

*Former Liberian Minister of Finance and Director of UNDP Regional
Bureau for Africa*

Mikhail Khodorkovsky

Chairman and CEO of YUKOS Oil Company Russia

Elliott F Kulick

Chairman Pegasus International US

Joanne Leedom-Ackerman

Novelist and journalist US

Todung Mulya Lubis

Human rights lawyer and author Indonesia

Barbara McDougall

Former Secretary of State for External Affairs Canada

Mo Mowlam

Former Secretary of State for Northern Ireland

Aye Obe

President of Civil Liberties Organisation Nigeria

Christine Ockrent

Journalist France

Friedbert Pflüger

Chairman of the German Bundestag Committee on EU Affairs

Surin Pitsuwan

Former Foreign Minister of Thailand

Itamar Rabinovich

Former Israeli Ambassador to the US President of Tel Aviv University

Fidel Ramos

Former President of the Philippines

Mohamed Sahnoun

Special Adviser to the United Nations Secretary-General

Salim A. Salim

Former Secretary General of the Organisation of African Unity

Douglas Schoen

Founding Partner of Penn Schoen & Berland Associates US

William Shawcross

Journalist and author UK

George Soros

Chairman Open Society Institute

Eduardo Stein

Former Foreign Minister of Guatemala

Pär Stenbäck

Former Minister of Foreign Affairs Finland

Thorvald Stoltenberg

Former Minister of Foreign Affairs Norway

William O Taylor

Chairman Emeritus The Boston Globe

Ed van Thijn

Former Netherlands Minister of Interior and Mayor of Amsterdam

Simone Veil

*Former French Minister for Health and President of the European
Parliament*

As from 1 July 2002

Hirley Williams*former Secretary of State for Education and Science Member House of Lords***Mausheh Joseph Wu***deputy Secretary General to the President Taiwan***Gregory Yavlinsky***head of the Yabloko (Liberal Democrat) Party Russian Duma***Uta Zapf***chairman of the German Bundestag Subcommittee on Disarmament Arms Control and Non-proliferation*

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

OMB No 1545-1709

► 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 File by the due date for filing your 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 | |
| | 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 17, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year 20 ____ or

► ☒ tax year beginning JULY 1, 20 01, and ending JUNE 30, 20 02

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 \$ _____

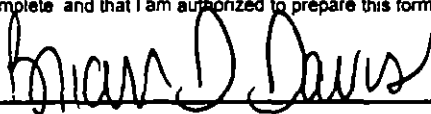
b If this application is for **Form 990-PF** or **990-T**, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

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 ►



Title ► CPA

Deloitte & Touche, LLP1750 Tysons Blvd
McLean, VA 22102
Tax ID 13-389151710/28/02
Form 8868 (12-2000)

For Paperwork Reduction Act Notice, see instruction

• 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 | 52-5170039 |
| | Number, street, and room or suite no. If a P.O. box, see instructions | For IRS use only |
| | 1629 K STREET, NW, SUITE 450 | |
| | 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, 2003
 5 For calendar year _____, or other tax year beginning JUL 1, 2001 and ending JUN 30, 2002
 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 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

Signature *Michael L. Woods* Title CPA

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

Date 1/8/03

Notice to Applicant - 1

☐ 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 123832 07-16-01 | 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 |