

Form **990****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)

OMB No 1545-0047

**2002**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003****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 Instructions.

**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 organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit GEN ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site ▶ **WWW.CRISISWEB.ORG****J** Organization type (check only one) ▶ ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**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.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **11,340,193.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>1</b> Contributions, gifts, grants, and similar amounts received					
<b>a</b> Direct public support	<b>1a</b>	<b>5,226,763.</b>			
<b>b</b> Indirect public support	<b>1b</b>				
<b>c</b> Government contributions (grants)	<b>1c</b>	<b>5,904,590.</b>			
<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>10,958,240.</b> noncash \$ <b>173,113.</b> )			<b>1d</b>	<b>11,131,353.</b>	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>		
<b>3</b> Membership dues and assessments			<b>3</b>		
<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>40,395.</b>	
<b>5</b> Dividends and interest from securities			<b>5</b>		
<b>6 a</b> Gross rents	<b>6a</b>				
<b>b</b> Less rental expenses	<b>6b</b>				
<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>		
<b>7</b> Other investment income (describe ▶)			<b>7</b>		
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
	<b>153,240.</b>	<b>8a</b>	<b>13,794.</b>		
<b>b</b> Less cost or other basis and sales expenses	<b>143,786.</b>	<b>8b</b>	<b>8,194.</b>		
<b>c</b> Gain or (loss) (attach schedule)	<b>9,454.</b>	<b>8c</b>	<b>5,600.</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>STMT 1</b>	<b>STMT 2</b>	<b>8d</b>	<b>15,054.</b>	
<b>9</b> Special events and activities (attach schedule)					
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>				
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>b</b> Less cost of goods sold	<b>10b</b>				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	<b>1,411.</b>	
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	<b>11,188,213.</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>8,562,582.</b>	
<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>785,855.</b>	
<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>529,647.</b>	
<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>		
<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>		
<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>9,878,084.</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>1,310,129.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>7,439,160.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)		<b>SEE STATEMENT 3</b>	<b>20</b>	<b>228,356.</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>8,977,645.</b>	

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223001  
01-22-03

LHA For Paperwork Reduction Act Notice, see the separate Instructions

1

Form 990 (2002)

SCANNED JAN 07 2004

Revenue

Expenses

Net Assets

AD

## INTERNATIONAL CRISIS GROUP

52-5170039

**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

Page 2

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	193,984.	97,000.	0.
26 Other salaries and wages	26	4,789,204.	4,181,405.	451,913.
27 Pension plan contributions	27	121,483.	105,707.	3,641.
28 Other employee benefits	28	295,914.	290,648.	5,266.
29 Payroll taxes	29	615,717.	448,644.	110,198.
30 Professional fundraising fees	30			
31 Accounting fees	31	28,214.	23,240.	3,754.
32 Legal fees	32	26,751.	24,212.	2,011.
33 Supplies	33	214,338.	176,503.	24,052.
34 Telephone	34	374,104.	327,459.	27,637.
35 Postage and shipping	35	286,875.	272,578.	2,280.
36 Occupancy	36	672,206.	543,539.	71,784.
37 Equipment rental and maintenance	37	4,285.	4,285.	
38 Printing and publications	38	393,276.	382,039.	1,526.
39 Travel	39	1,144,376.	1,088,884.	18,150.
40 Conferences, conventions, and meetings	40	13,395.	5,225.	
41 Interest	41	1,144.	856.	228.
42 Depreciation, depletion, etc (attach schedule)	42	184,746.	158,206.	17,406.
43 Other expenses not covered above (itemize)				
a OTHER EXPENSES	43a	205,696.	147,774.	32,233.
b INSURANCE	43b	140,883.	130,756.	6,565.
c FINANCIAL CHARGES	43c	32,269.	25,697.	4,001.
d LOCAL TAXES	43d	99,539.	88,240.	8,476.
e WEBSITE	43e	39,685.	39,685.	0.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	9,878,084.	8,562,582.	785,855.

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 4**

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 \$ _____)		1,215,104.
b AFRICA PROGRAM - SEE ATTACHED STATEMENT 4A		
(Grants and allocations \$ _____)		1,466,126.
c ASIA PROGRAM - SEE ATTACHED STATEMENT 4A		
(Grants and allocations \$ _____)		1,655,430.
d MIDDLE EAST PROGRAM - SEE ATTACHED STATEMENT 4A		
(Grants and allocations \$ _____)		1,370,832.
e Other program services (attach schedule) <b>STATEMENT 5</b>		2,855,090.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		8,562,582.

**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	906,312.	45	1,657,201.	
	46 Savings and temporary cash investments	2,774,928.	46	2,292,998.	
	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	3,578,821.	49	4,807,811.	
	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	847,059.		
	b Less accumulated depreciation STMT 6	57b	567,101.	57c	279,958.
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 7 )		314,170.	58	603,904.	
59 Total assets (add lines 45 through 58) (must equal line 74)		7,919,532.	59	9,641,872.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	480,372.	60	664,227.	
	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)		480,372.	66	664,227.	
<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	4,186,633.	67	5,705,311.	
	68 Temporarily restricted	3,252,527.	68	3,272,334.	
	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)		7,439,160.	73	8,977,645.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		7,919,532.	74	9,641,872.

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.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>	
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<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	9,649,728.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
<b>(1)</b>	Donated services and use of facilities \$ _____		
<b>(2)</b>	Prior year adjustments reported on line 20, Form 990 \$ _____		
<b>(3)</b>	Losses reported on line 20, Form 990 \$ _____		
<b>(4)</b>	Other (specify)		
	<b>STMT 8</b> \$ -228,356.		
	Add amounts on lines (1) through (4)	<b>b</b>	-228,356.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	9,878,084.
<b>d</b>	Amounts included on line 17 Form 990 but not on line <b>a</b>		
<b>(1)</b>	Investment expenses not included on line 6b, Form 990 \$ _____		
<b>(2)</b>	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	9,878,084.

[illegible]

Form 990 (2002)

**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? N/A	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 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? N/A	84b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	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 on line 85f? N/A	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	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 0, section 4912 0, section 4955 0.		
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	90b	84
b Number of employees employed in the pay period that includes March 12, 2002		
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 page 31 of the instructions.)

**Note** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 (b)(13), or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	40,395.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	15,054.	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
a <b>MISCELLANEOUS</b>			01	1,411.	
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		56,860.	0.
<b>105</b> Total (add line 104, columns (B), (D) and (E))					56,860.

**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 page 32 of the instructions.)

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** (See page 32 of the instructions.)

(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 page 33 of the instructions.)

- (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

accompanying schedules and statements and to the best of my knowledge and belief, it is true, and I am not aware of any information of which preparer has any knowledge

DA-2003

HELEN BREWER, FINANCE DIRECTOR

Type or print name and title

**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(e), 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

**2002**

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 <i>55</i>	144,515.	0.	0.
MARK SCHNEIDER ----- WASHINGTON, DC	SENIOR VP <i>55</i>	147,661.	0.	0.
NANCY SODERBERG ----- WASHINGTON, DC	VP <i>55</i>	150,125.	2,400.	0.
ALAIN DELETROZ ----- WASHINGTON, DC	VP <i>55</i>	102,412.	0.	46,940.
JON GREENWALD ----- WASHINGTON, DC	VP <i>55</i>	78,567.	0.	61,367.
Total number of other employees paid over \$50,000	► 37			

**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 1 of Part VI-B)		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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<b>Note:</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.		

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

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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	7,456,914.	6,456,527.	4,859,965.	2,409,293.	21,182,699.
<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 related 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	68,949.	112,025.	52,652.	18,094.	251,720.
<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.	2,439.	3,218.	SEE STATEMENT 9	965.	6,622.
<b>23</b> Total of lines 15 through 22	7,528,302.	6,571,770.	4,912,617.	2,428,352.	21,441,041.
<b>24</b> Line 23 minus line 17	7,528,302.	6,571,770.	4,912,617.	2,428,352.	21,441,041.
<b>25</b> Enter 1% of line 23	75,283.	65,718.	49,126.	24,284.	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				
					<b>26a</b> 428,821.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts.					<b>26b</b> 10,800,311.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 21,441,041.
d Add: Amounts from column (e) for lines 18 251,720. 19 22 6,622. 26b 10,800,311.					<b>26d</b> 11,058,653.
e Public support (line 26c minus line 26d total)					<b>26e</b> 10,382,388.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 48.4230%
<b>27</b> 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.				
	(2001)	(2000)	(1999)	(1998)	
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.	(2001)	(2000)	(1999)	(1998)	
c Add: Amounts from column (e) for lines 15 17 20 21					<b>27c</b> N/A
d Add: Line 27a total and line 27b total					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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.

**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)

	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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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 )		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? 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?		
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		
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		

Schedule A (Form 990 or 990-EZ) 2002

**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 - 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	41	
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				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
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 11 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 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)
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions )

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

**(l) 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

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]

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	OFFICE FURNITURE	VARIESVAR		.000	16	197,279.			197,279.	67,876.		34,499.
2	OFFICE EQUIPMENT	VARIESVAR		.000	16	509,843.			509,843.	245,369.		120,621.
3	VEHICLES (BOSNIA)	VARIESVAR		.000	16	139,937.			139,937.	69,110.		29,626.
*	TOTAL 990 PAGE 2											
DEPR						847,059.		0.	847,059.	382,355.	0.	184,746.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	1
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF STOCK	153,240.	143,786.	0.	9,454.
TO FORM 990, PART I, LINE 8	153,240.	143,786.	0.	9,454.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	13,794.	8,194.	0.	0.	5,600.
TO FM 990, PART I, LN 8	13,794.	8,194.	0.	0.	5,600.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTIONAMOUNT

NET REALIZED EXCHANGE LOSSES

228,356.

TOTAL TO FORM 990, PART I, LINE 20

228,356.



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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	4
	PART III		

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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.

## Statement of Program Service accomplishments

### AFRICA

**Central Africa** ICG's Nairobi-based team monitors and reports on the fragile process of reconciliation in the Democratic Republic of Congo and the ongoing fighting in the east, as well as continuing challenges to security in Burundi, Rwanda, and Uganda

**West Africa** ICG's Freetown and Dakar-based watch events closely in Sierra Leone, Liberia, Guinea, and Côte d'Ivoire urging greater international involvement and a regional approach to ending West Africa's interconnected and devastating wars

**Horn of Africa** ICG's region-based analysts suggest strategies to bring to an end in Sudan one of the world's longest-running and most destructive wars, to advance peace and reconciliation in the failed state of Somalia, and to avoid further conflict between Ethiopia and Eritrea

**Southern Africa** ICG reports on Zimbabwe's continuing crisis, land reform as a potential conflict issue across the entire region, and peace-building strategies in Angola

### ASIA

**Afghanistan/South Asia** From its Islamabad regional base, ICG addresses radical Islamist influence in Pakistan, and prospects for resolving the long-running Kashmir conflict, from Kabul, security problems and political transition in Afghanistan, and from Kathmandu, the Maoist insurgency and political Crisis in Nepal

**Central Asia** From Osh, ICG covers the five Central Asian states – Uzbekistan, Tajikistan, Kazakhstan and Turkmenistan – focusing on the region's main security and stability problems, including the nature and extent of the challenge from radical Islam

**South East Asia** In Indonesia, ICG monitors the conflicts in Aceh and Papua, the role of radical Islam, communal violence and democratic progress ICG also works on Myanmar's deeply uncertain prospects for negotiated political change

**North East Asia** ICG examines policy options for resolving the North Korea nuclear crisis, and averting deterioration in the continuing sensitive relationship between China and Taiwan

### MIDDLE EAST AND NORTH AFRICA

**Arab-Israeli conflict** ICG analysts in the region closely monitor developments in Israel and the occupied territories, Syria, Lebanon and Jordan, with ICG continuing to argue for a comprehensive 'end-game first' approach to resolving the whole conflict

**Egypt/North Africa** ICG analyses attempts to overcome a decade of civil war in Algeria, understand the role of radical Islam across the region, and moderate the tensions associated with moves to democratisation

**Iraq/Iran/Gulf** From Amman and Baghdad, ICG closely monitors post-war developments in Iraq and across the region, promoting strategies for improved governance and regional security

### EUROPE

**Balkans** Building on its long record of reporting on Balkans conflict, ICG continues to track events from field offices in Serbia and Montenegro, Kosovo and Bosnia-Herzegovina, and maintains watching briefs over Macedonia, Albania and Croatia

**Caucasus** Working from Tbilisi, ICG addresses security and political succession problems in Georgia, the 'frozen conflicts' of Abkhazia and South Ossetia, and Russia's role in the region

**Moldova** ICG examines ways to improve the proposed Transdniestria peace settlement, and of addressing ongoing problems of governance

FORM 990

OTHER PROGRAM SERVICES

STATEMENT 5

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
LATIN AMERICA PROGRAM		344,163.
ADVOCACY		2,510,927.
TOTAL TO FORM 990, PART III, LINE E		2,855,090.

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FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE	197,279.	102,375.	94,904.
OFFICE EQUIPMENT	509,843.	365,990.	143,853.
VEHICLES (BOSNIA)	139,937.	98,736.	41,201.
TOTAL TO FORM 990, PART IV, LN 57	847,059.	567,101.	279,958.

FORM 990	OTHER ASSETS	STATEMENT	7
DESCRIPTION		AMOUNT	
ACCOUNTS RECEIVABLE & OTHER ASSETS		439,434.	
CASH GUARANTEES		164,470.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		603,904.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	8
DESCRIPTION		AMOUNT	
FOREIGN EXCHANGE LOSS		-228,356.	
TOTAL TO FORM 990, PART IV-B		-228,356.	

SCHEDULE A	OTHER INCOME			STATEMENT 9
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS INCOME	2,439.	3,218.	0.	965.
TOTAL TO SCHEDULE A, LINE 22	2,439.	3,218.	0.	965.

## ICG BOARD MEMBERS

---

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**I.K.Gujral**

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**Carla Hills**

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**Asma Jahangir**

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**Ayo Obe**

*President, Civil Liberties Organisation, Nigeria*

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*Journalist and author, France*

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*Foreign Policy Spokesman of the CDU/CSU Parliamentary Group in the German Bundestag*

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**Jaushieh Joseph Wu**

*Deputy Secretary General to the President, Taiwan*

**Grigory Yavlinsky**

*Chairman of Yabloko Party and its Duma faction, Russia*

**Uta Zapf**

*Chairperson of the German Bundestag Subcommittee on Disarmament, Arms Control and Non-proliferation*

INTERNATIONAL CRISIS GROUP  
Washington, D C 20006  
For The Year Ended June 30, 2003

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

# 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 ☒ **X**
- 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	52-5170039
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	
	1629 K STREET, NW SUITE 450	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	WASHINGTON, DC 20006	

**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 13870 |

- 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, 2004 .  
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, 2002 , and ending JUN 30, 2003 .

- 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 ► Mette L. Woods Title ► CPA Date ► 11/11/03  
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)