

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2004Department of the Treasury
Internal Revenue ServiceUnder 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.

Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INTERNATIONAL CRISIS GROUP		D Employer identification number 52-5170039
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1629 K STREET NW 450		E Telephone number 202-785-1601
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20006		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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)		

G Website: **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.**

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 Group Exemption Number ▶**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **10,501,092.****M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			1d	10,349,955.
	a Direct public support	1a	6,662,908.	2	
	b Indirect public support	1b		3	
	c Government contributions (grants)	1c	3,687,047.	4	127,854.
	d Total (add lines 1a through 1c) (cash \$ 10,349,955. noncash \$)			5	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)			6a	
	3 Membership dues and assessments			6b	
	4 Interest on savings and temporary cash investments			6c	
	5 Dividends and interest from securities			7	
	6 Other investment income (describe ▶)			8d	14,361.
	7 Other investment income (describe ▶)			8a	
	Expenses	8 Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8b
a Gross amount from sales of assets other than inventory		183.	23,100.	8c	
b Less: cost or other basis and sales expenses			8,922.	10a	
c Gain or (loss) (attach schedule)		183.	14,178.	10b	
d Net gain or (loss) (combine line 8c, column (A) and (B))				10c	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				11	
a Gross revenue (not including \$ of contributions reported on line 1a)				12	10,492,170.
b Less: direct expenses other than fundraising expenses				13	10,056,018.
c Net income or (loss) from special events (subtract line 9b from line 9a)				14	1,057,020.
10 Gross sales of inventory, less returns and allowances				15	553,958.
a Gross sales of inventory, less returns and allowances				16	
b Less: cost of goods sold				17	11,666,996.
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			18	-1,174,826.	
11 Other revenue (from Part VII, line 103)			19	10,494,247.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			20	263,023.	
13 Program services (from line 44, column (B))			21	9,582,444.	
14 Management and general (from line 44, column (C))					
15 Fundraising (from line 44, column (D))					
16 Payments to affiliates (attach schedule)					
17 Total expenses (add lines 16 and 44, column (A))					
18 Excess or (deficit) for the year (subtract line 17 from line 12)					
19 Net assets or fund balances at beginning of year (from line 73, column (A))					
20 Other changes in net assets or fund balances (attach explanation)					
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)					

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

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Part II Statement of Functional Expenses

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

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	219,032.	164,274.	0.
26	Other salaries and wages	26	5,516,434.	4,749,663.	507,374.
27	Pension plan contributions	27	137,354.	110,765.	22,873.
28	Other employee benefits	28	503,013.	462,532.	34,632.
29	Payroll taxes	29	621,948.	485,224.	101,470.
30	Professional fundraising fees	30			
31	Accounting fees	31	65,397.	46,833.	15,801.
32	Legal fees	32	16,234.	12,428.	2,709.
33	Supplies	33	215,467.	176,802.	26,531.
34	Telephone	34	451,816.	395,260.	37,193.
35	Postage and shipping	35	269,732.	249,700.	14,925.
36	Occupancy	36	895,483.	714,847.	102,214.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	493,823.	438,418.	45,471.
39	Travel	39	1,449,097.	1,366,752.	48,091.
40	Conferences, conventions, and meetings	40	47,061.	42,323.	2,423.
41	Interest	41	2,614.	1,772.	724.
42	Depreciation, depletion, etc. (attach schedule)	42	155,020.	135,281.	13,711.
43	Other expenses not covered above (itemize):				
a	OTHER	43a	4,141.	2,793.	700.
b	INSURANCE	43b	389,503.	358,737.	18,408.
c	FINANCIAL CHARGES	43c	50,289.	39,566.	8,660.
d	LOCAL TAXES	43d	56,614.	38,003.	14,243.
e	WEBSITE	43e	106,924.	64,045.	38,867.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	11,666,996.	10,056,018.	1,057,020.

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 AccomplishmentsWhat 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	SEE STATEMENT 5				
		(Grants and allocations \$ _____)			2,928,213.
b	SEE STATEMENT 6				
		(Grants and allocations \$ _____)			2,796,069.
c	SEE STATEMENT 7				
		(Grants and allocations \$ _____)			1,930,972.
d	SEE STATEMENT 8				
		(Grants and allocations \$ _____)			1,589,108.
e	Other program services (attach schedule)	STATEMENT 9	(Grants and allocations \$ _____)		811,656.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				10,056,018.

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
Assets	45 Cash - non-interest-bearing	738,528.	45	312,632.
	46 Savings and temporary cash investments	4,073,228.	46	5,630,149.
	47 a Accounts receivable	47a 326,411.		
	b Less: allowance for doubtful accounts	47b	47c	326,411.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	5,367,135.	49	3,434,012.
	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 1,000,169.			
b Less: accumulated depreciation STMT 10	57b 717,702.	57c	282,467.	
58 Other assets (describe CASH GUARANTEE)	144,929.	58	94,327.	
59 Total assets (add lines 45 through 58) (must equal line 74)	10,927,975.	59	10,079,998.	
Liabilities	60 Accounts payable and accrued expenses	433,728.	60	497,554.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe)		65	
	66 Total liabilities (add lines 60 through 65)	433,728.	66	497,554.
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	6,241,162.	67	6,015,157.
	68 Temporarily restricted	4,253,085.	68	3,567,287.
	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)	10,494,247.	73	9,582,444.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	10,927,975.	74	10,079,998.

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

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total expenses and losses per audited financial statements	a	11,652,818.
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): \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	11,652,818.
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):		
	STMT 13 \$ 14,178.		
	Add amounts on lines (1) and (2)	d	14,178.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	11,666,996.

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? 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 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.	81b	X
b	Did the organization file Form 1120-POL for this year?		
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	
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 15	90b	101
b	Number of employees employed in the pay period that includes March 12, 2004		
91	The books are in care of HELEN BREWER Telephone no 32-2-536-0072		

Located at 149 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 33 of the instructions.)

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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	127,854.	
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	14,361.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		142,215.	0.
105 Total (add line 104, columns (B), (D), and (E))					142,215.

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 34 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).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 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

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

Please Sign Here 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: H. S. Brewer Date: 01/02/06 Type or print name and title: HELEN BREWER, TREASURER

Paid Preparer's Use Only Preparer's signature: [Signature] Date: 12/29/05 Check if self-employed ☐ Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: GELMAN, ROSENBERG & FREEDMAN, CPA'S
4550 MONTGOMERY AVE., SUITE 650 NORTH
BETHESDA, MARYLAND 20814-2930

EIN: _____ Phone no.: (301) 951-9090

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

2004

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
<u>CHARLES RADCLIFFE</u>	VICE PRES.			
<u>ALL IN C/O THE ORG.'S ADDRESS</u>	40	167,716.	2,211.	0.
<u>MARK L. SCHNEIDER</u>	SENIOR VP			
	40	152,070.	0.	0.
<u>NANCY SODERBERG</u>	VICE PRES.			
	40	160,808.	3,024.	0.
<u>ALAIN DELETROZ</u>	VICE PRES.			
	40	128,666.	18,272.	39,119.
<u>JON GRENWALD</u>	VICE PRES.			
	40	116,916.	9,233.	30,006.
Total number of other employees paid over \$50,000 ▶	44			

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
<u>NONE</u>		
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: \$ 57,890. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) **VI-B, LINE I**

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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

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

3b X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	11,214,042.	9,902,363.	7,456,914.	6,456,527.	35,029,846.
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	91,206.	40,395.	68,949.	112,025.	312,575.
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	201.	1,411.	SEE STATEMENT 16 2,439.	3,218.	7,269.
23 Total of lines 15 through 22	11,305,449.	9,944,169.	7,528,302.	6,571,770.	35,349,690.
24 Line 23 minus line 17	11,305,449.	9,944,169.	7,528,302.	6,571,770.	35,349,690.
25 Enter 1% of line 23	113,054.	99,442.	75,283.	65,718.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 706,994.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 12,234,977.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 35,349,690.
d Add: Amounts from column (e) for lines: 18 <u>312,575.</u> 19 <u> </u> 22 <u>7,269.</u> 26b <u>12,234,977.</u>					26d 12,554,821.
e Public support (line 26c minus line 26d total)					26e 22,794,869.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 64.4839%
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	(2003)	(2002)	(2001)	(2000)	
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	(2003)	(2002)	(2001)	(2000)	
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) ▶ <u>27f</u> N/A					
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 2000 through 2003, 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)

	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?	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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2004

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(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	0.
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	0.
38 Total lobbying expenditures (add lines 36 and 37)	38	0.
39 Other exempt purpose expenditures	39	0.
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0.
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is -		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

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
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 of the instructions.)

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

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

Yes	No	Amount
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	57,890.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
		57,890.

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

2004 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

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	VARIES	SL	.000	16	248,759.			248,759.	133,463.		35,373.
2	OFFICE EQUIPMENT	VARIES	SL	.000	16	637,108.			637,108.	407,941.		94,763.
3	CARS	VARIES	SL	.000	16	114,302.			114,302.	21,278.		24,884.
	* TOTAL 990 PAGE 2					1000169.		0.	1000169.	562,682.	0.	155,020.
	DEPR											

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)
GAINS REALIZED ON CURRENT ASSETS	183.	0.	0.	183.
TO FORM 990, PART I, LINE 8	183.	0.	0.	183.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	2
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
GAIN ON DISPOSAL OF FIXED ASSETS			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	23,100.	62,039.	0.	53,117.	14,178.
TO FM 990, PART I, LN 8	23,100.	62,039.	0.	53,117.	14,178.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
NET REALIZED AND UNREALIZED CURRENCY EXCHANGE GAIN	263,023.
TOTAL TO FORM 990, PART I, LINE 20	263,023.

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

THE INTERNATIONAL CRISIS GROUP (CRISIS GROUP) IS AN INDEPENDENT, PRIVATE, MULTINATIONAL ORGANIZATION COMMITTED TO STRENGTHENING THE CAPACITY OF THE INTERNATIONAL COMMUNITY TO ANTICIPATE, UNDERSTAND AND ACT TO PREVENT AND CONTAIN DEADLY CONFLICT.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

ASIA:

AFGHANISTAN/SOUTH ASIA: CRISIS GROUP ADDRESSES SECURITY AND POLITICAL TRANSITION IN AFGHANISTAN; ISLAMIC EXTREMISM, INCLUDING SECTARIAN TERRORISM IN AFGHANISTAN; THE SITUATION IN KASHMIR; AND THE CONTINUING MAOIST INSURGENCY FOLLOWING THE FEBRUARY 2004 ROYAL COUP IN NEPAL.

CENTRAL ASIA: FROM BISHKEK, CRISIS GROUP COVERS FOUR CENTRAL ASIAN STATES - UZBEKISTAN, TAJIKISTAN, KAZAKHSTAN AND TURKMENISTAN - FOCUSING ON THE REGION'S MAIN SECURITY AND THE STABILITY PROBLEMS, INCLUDING THE NATURE AND EXTENT OF THE CHALLENGE FROM RADICAL ISLAM.

SOUTH EAST ASIA: CRISIS GROUP'S JAKARTA-BASED TEAM REPORTS ON INDONESIA'S POLITICAL DEVELOPMENTS, REGIONAL AUTONOMY, COMMUNAL VIOLENCE AND THE ROLE OF RADICAL ISLAM IN THE REGION. ANALYSTS ALSO FOCUS ON THAILAND'S SOUTHERN INSURGENCY, MYANMAR AND THE PHILIPPINES.

NORTH EAST ASIA: BASED IN SEOUL, CRISIS GROUP EXAMINES POLICY OPTIONS FOR RESOLVING THE NORTH KOREA NUCLEAR CRISIS; AND AVERTING DETERIORATION IN THE CONTINUING SENSITIVE RELATIONSHIP BETWEEN CHINA AND TAIWAN.

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

2,928,213.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

6

DESCRIPTION OF PROGRAM SERVICE TWOAFRICA:

CENTRAL AFRICA: CRISIS GROUP'S NAIROBI-BASED TEAM MONITORS AND REPORTS ON THE FRAGILE PROCESS OF RECONCILIATION IN THE DEMOCRATIC REPUBLIC OF CONGO, AS WELL AS CONTINUING CHALLENGES TO SECURITY IN BURUNDI, RWANDA, AND UGANDA.

WEST AFRICA: CRISIS GROUP'S DAKAR-BASED ANALYSTS WATCH EVENTS CLOSELY IN SIERRA LEONE, LIBERIA, GUINEA AND COTE D'IVOIRE. CRISIS GROUP ALSO ADVOCATES LONG-TERM, BALANCED, INTERNATIONAL ENGAGEMENT WITH THE SAHEL REGION: MAURITANIA, MALI, NIGER, AND CHAD.

HORN OF AFRICA: CRISIS GROUP'S REGION-BASED ANALYSTS FOCUS ON DEVELOPMENTS IN SUDAN'S DARFUR REGION AND THE NORTH/SOUTH PEACE PROCESS; SOMALIA'S PROBLEMATIC TRANSITION AND SOMALILAND'S DEMOCRATISATION PROCESS; AND ALSO KEEPS A WATCHING BRIEF OVER THE ETHIOPIA-ERITREA BORDER DISPUTE.

SOUTHERN AFRICA: CRISIS GROUP'S PRETORIA-BASED TEAM REPORTS ON ZIMBABWE'S CONTINUING CRISIS, LAND REFORM AS A POTENTIAL CONFLICT ISSUE ACROSS THE ENTIRE REGION, AND PEACE-BUILDING STRATEGIES IN ANGOLA. IT ALSO ENGAGES IN HIGH LEVEL ADVOCACY WITH THE SOUTH AFRICAN GOVERNMENT AND THE AFRICA UNION.

TO FORM 990, PART III, LINE B

GRANTS

EXPENSES

2,796,069.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT

7

DESCRIPTION OF PROGRAM SERVICE THREEMIDDLE EAST AND NORTH AFRICA:

ARAB-ISRAELI CONFLICT: CRISIS GROUP ANALYSTS IN THE REGION CLOSELY MONITOR DEVELOPMENTS IN ISRAEL AND THE OCCUPIED TERRITORIES, SYRIA, LEBANON AND JORDAN, WITH CRISIS GROUP CONTINUING TO ARGUE FOR A COMPREHENSIVE END-GAME FIRST APPROACH TO RESOLVING THE WHOLE CONFLICT.

EGYPT/NORTH AFRICA: CRISIS GROUP COVERS REFORM AND CONFLICT RESOLUTION IN THE NORTH AFRICAN STATES OF MOROCCO, ALGERIA, EGYPT, WESTERN SAHARA AND MAURITANIA. IN PARTICULAR CRISIS GROUP FOCUSES ON THE NATURE, VARIETY AND ROLE OF ISLAMIST MOVEMENTS ACCROSS THE REGION.

IRAQ/IRAN/GULF: FROM AMMAN, CRISIS GROUP CLOSELY MONITORS POST-WAR DEVELOPMENTS IN IRAQ AND ACROSS THE REGION, PROMOTING STRATEGIES FOR IMPROVED GOVERNANCE AND REGIONAL SECURITY. CRISIS GROUP CLOSELY MONITORS POLITICAL DEVELOPMENTS IN IRAN AS IT MOVES TOWARDS GREATER NUCLEAR CAPABILITY.

GRANTSEXPENSES

TO FORM 990, PART III, LINE C

1,930,972.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	8
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DESCRIPTION OF PROGRAM SERVICE FOUR

EUROPE:

BALKANS: CRISIS GROUP CONTINUES TO TRACK THE EVOLUTION OF KOSOVO'S LEGAL STATUS; AND THE REFORM CHALLENGES FACING SERBIA, MONTENEGRO, BOSNIA AND HERZEGOVINA. CRISIS GROUP ALSO CONTINUES TO KEEP WATCHING BRIEFS ON MACEDONIA, ALBANIA AND CROATIA.

CAUCASUS: FROM THE TBILISI OFFICE CRISIS GROUP COVERS GEORGIA'S POLITICAL AND ECONOMIC REFORMS AND ITS TROUBLED REGIONS OF AJARA, SOUTH OSSETIA AND ABKHAZIA; THE NAGORNO-KARABAKH CONFLICT; REFORM AND SUCCESSION IN AZERBAIJAN; AND THE ROLE THAT RUSSIA PLAYS IN THE REGION.

MALDOVA: CRISIS GROUP EXAMINES WAYS TO IMPROVE THE PROPOSED TRANSDNIESTRIA PEACE SETTLEMENT, AND ADDRESSING ONGOING PROBLEMS OF GOVERNANCE.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE D		1,589,108.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	9
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
LATIN AMERICA/CARIBBEAN THEMATIC RESEARCH		811,621. 35.
TOTAL TO FORM 990, PART III, LINE E		811,656.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT 10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
OFFICE FURNITURE	248,759.	168,836.	79,923.
OFFICE EQUIPMENT	637,108.	502,704.	134,404.
CARS	114,302.	46,162.	68,140.
TOTAL TO FORM 990, PART IV, LN 57	1,000,169.	717,702.	282,467.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
NET REALIZED AND UNREALIZED CURRENCY EXCHANGE GAIN	263,023.
TOTAL TO FORM 990, PART IV-A	263,023.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
GAIN ON DISPOSAL OF FIXED ASSETS REFLECTED AS A NEGATIVE EXPENSE IN FINANCIAL STATEMENTS	14,178.
TOTAL TO FORM 990, PART IV-A	14,178.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
GAIN ON DISPOSAL OF FIXED ASSETS REFLECTED AS A NEGATIVE EXPENSE IN FINANCIAL STATEMENTS.	14,178.
TOTAL TO FORM 990, PART IV-B	14,178.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GARETH EVANS ALL IN C/O THE ORGANIZATION'S ADDRESS	PRESIDENT AND CEO 40	219,032.	59,642.	42,645.
LORD PATTEN OF BARNES	CHAIR 2	0.	0.	0.
MARIA LIVANOS CATTALDI	VICE-CHAIR 2	0.	0.	0.
STEPHEN SOLARZ	VICE-CHAIR 2	0.	0.	0.
EMMA BONINO	TRUSTEE 2	0.	0.	0.
CHERYL CAROLUS	TRUSTEE 2	0.	0.	0.
YOICHI FUNABASHI	TRUSTEE 2	0.	0.	0.
WILLIAM SHAWCROSS	TRUSTEE 2	0.	0.	0.
MORTON ABRAMOWITZ	TRUSTEE 2	0.	0.	0.
GEORGE SOROS	TRUSTEE 2	0.	0.	0.

ADNAN ABU-ODEH	TRUSTEE 2	0.	0.	0.
KENNETH ADELMAN	TRUSTEE 2	0.	0.	0.
ERSIN ARIOGLU	TRUSTEE 2	0.	0.	0.
DIEGO ARRIA	TRUSTEE 2	0.	0.	0.
ZBIGNIEW BRZEZINSKI	TRUSTEE 2	0.	0.	0.
VICTOR CHU	TRUSTEE 2	0.	0.	0.
WESLEY CLARK	TRUSTEE 2	0.	0.	0.
PAT COX	TRUSTEE 2	0.	0.	0.
RUTH DREIFUSS	TRUSTEE 2	0.	0.	0.
UFFE ELLEMANN-JENSEN	TRUSTEE 2	0.	0.	0.
MARK EYSKENS	TRUSTEE 2	0.	0.	0.
LESLIE H. GELB	TRUSTEE 2	0.	0.	0.
BRONISLAW GEREMEK	TRUSTEE 2	0.	0.	0.

I.K. GUJRAL	TRUSTEE 2	0.	0.	0.
CARLA HILLS	TRUSTEE 2	0.	0.	0.
LENA HJELM-WALLEN	TRUSTEE 2	0.	0.	0.
JAMES C.F. HUANG	TRUSTEE 2	0.	0.	0.
SWANEE HUNT	TRUSTEE 2	0.	0.	0.
ASMA JAHANGIR	TRUSTEE 2	0.	0.	0.
ELLEN JOHNSON SIRLEAF	TRUSTEE 2	0.	0.	0.
SHIV VIKRAM KHEMKA	TRUSTEE 2	0.	0.	0.
JAMES V. KIMSEY	TRUSTEE 2	0.	0.	0.
BETHUEL KIPLAGAT	TRUSTEE 2	0.	0.	0.
WIM KOK	TRUSTEE 2	0.	0.	0.
TRIFUN KOSTOVSKI	TRUSTEE 2	0.	0.	0.
ELLIOTT F. KULICK	TRUSTEE 2	0.	0.	0.

JOANNE LEEDOM-ACKERMAN	TRUSTEE 2	0.	0.	0.
TODUNG MULYA LUBIS	TRUSTEE 2	0.	0.	0.
BARBARA MCDOUGALL	TRUSTEE 2	0.	0.	0.
AYO OBE	TRUSTEE 2	0.	0.	0.
CHRISTINE OCKRENT	TRUSTEE 2	0.	0.	0.
FRIEDBERT PFLUGER	TRUSTEE 2	0.	0.	0.
VICTOR M. PINCHUK	TRUSTEE 2	0.	0.	0.
SURIN PITSUWAN	TRUSTEE 2	0.	0.	0.
ITAMAR RABINOVICH	TRUSTEE 2	0.	0.	0.
FIDEL V. RAMOS	TRUSTEE 2	0.	0.	0.
LORD ROBERTSON OF PORT ELLEN	TRUSTEE 2	0.	0.	0.
MOHAMED SAHNOUN	TRUSTEE 2	0.	0.	0.
GHASSAN SALAME	TRUSTEE 2	0.	0.	0.

SALIM A. SALIM	TRUSTEE 2	0.	0.	0.
DOUGLAS SCHOEN	TRUSTEE 2	0.	0.	0.
PAR STENBACK	TRUSTEE 2	0.	0.	0.
THROVALD STOLTENBERG	TRUSTEE 2	0.	0.	0.
GRIGORY YAVLINSKY	TRUSTEE 2	0.	0.	0.
UTA ZAPF	TRUSTEE 2	0.	0.	0.
ERNESTO ZEDILLO	TRUSTEE 2	0.	0.	0.
WILLIAM O. TAYLOR	TRUSTEE 2	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

219,032.	59,642.	42,645.
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FORM 990	LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90	STATEMENT 15
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STATES

CALIFORNIA, CONNECTICUT, DISTRICT OF COLUMBIA, ILLINOIS, MARYLAND,
MASSACHUSETTS, MICHIGAN, NEW JERSEY, NEW YORK, VIRGINIA, WASHINGTON

SCHEDULE A	OTHER INCOME			STATEMENT 16
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	201.	1,411.	2,439.	3,218.
TOTAL TO SCHEDULE A, LINE 22	201.	1,411.	2,439.	3,218.

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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization INTERNATIONAL CRISIS GROUP	Employer identification number 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, N.W., NO. 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 8870 |

- The books are in the care of ▶ _____
Telephone No. ▶ _____ FAX No. ▶ _____
- 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-months for a **Form 990-T corporation**) extension of time until **FEBRUARY 15, 2006** 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, 2004**, and ending **JUN 30, 2005**
- 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**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)