DLN: 93493128014434

Department of the Treasury

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

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service , 2012, and ending 06-30-2013 A For the 2012 calendar year, or tax year beginning 07-01-2012 D Employer identification number B Check if applicable INTERNATIONAL CRISIS GROUP Address change 52-5170039 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 1629 K STREET NW NO 450 Terminated (202) 785-1601 City or town, state or country, and ZIP + 4 WASHINGTON, DC 20006 Amended return Application pending **G** Gross receipts \$ 19,074,872 Name and address of principal officer **H(a)** Is this a group return for LOUISE ARBOUR ┌ Yes 🗸 No affiliates? 1629 K STREET NW NO 450 WASHINGTON, DC 20006 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status **H(c)** Group exemption number ▶ Website: ► WWW CRISISGROUP ORG **L** Year of formation 1995 **M** State of legal domicile DC Part I Summary Briefly describe the organization's mission or most significant activities SEE PART III, LINE 1 Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 44 Number of independent voting members of the governing body (Part VI, line 1b) 4 43 52 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 42 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a \boldsymbol{b} Net unrelated business taxable income from Form 990-T, line 34 $\,$ 0 7b **Prior Year Current Year** 13,806,544 Contributions and grants (Part VIII, line 1h) . . 16,489,290 0 885,000 Program service revenue (Part VIII, line 2g) . . 664,674 169,464 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 423,921 -212,641 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 17,082,675 15,143,577 13 0 0 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 13,555,798 14,152,856 16a Professional fundraising fees (Part IX, column (A), line 11e) . 65,000 0 b Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 1,196,630$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 6,854,057 6,232,230 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 20,474,855 20,385,086 18 -5,241,509 19 Revenue less expenses Subtract line 18 from line 12 -3,392,180 t Assets or id Balances **Beginning of Current End of Year** Year 41,838,988 20 Total assets (Part X, line 16) . 46,038,696 1,696,917 21 1,708,660 Total liabilities (Part X, line 26) . . 22 Net assets or fund balances Subtract line 21 from line 20 44,330,036 40,142,071 Signature Block 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 2014-05-08

Firm's name FGELMAN ROSENBERG & FREEDMAN

Firm's address ► 4550 MONTGOMERY AVE SUITE 650N

May the IRS discuss this return with the preparer shown above? (see instructions)

BETHESDA, MD 208142930

Preparer's signature

Signature of office

BRETT MOODY TREASURER/CFO Type or print name and title

Sign Here

Paid

Preparer

Use Only

Check Γ self-employed

Firm's EIN F 52-1392008

Phone no (301) 951-9090

V Yes □No

Par	Chack if School			lishments Jestion in this Part III		· · · · · · · ·
	Briefly describe the o			Jestion in this Part III		
COM	INTERNATIONAL CRI	SIS GROUP (CRISI HENING THE CAPA	S GROUP) IS A	AN INDEPENDENT, P INTERNATIONAL CO	RIVATE MULTINATIONAL (TAGIOITNA OT YTINUMMC	ORGANIZATION E, UNDERSTAND AND
2	the prior Form 990 or	990-EZ?			r which were not listed on	. Tyes V No
	If "Yes," describe thes					
3	Did the organization coservices?					
_	If "Yes," describe thes	_				
4		1(c)(3) and 501(c)(4	l) organızatıon:	s are required to repor	ree largest program services t the amount of grants and al	
4a	(Code) (Expenses \$	4,778,490	ıncludıng grants of \$) (Revenue \$)
	MESSAGES TO THE UNIQUESTOMIZED TO ADDRES	JE POLICY CONTEXT OF N S EACH PARTICULAR CO	'ARIOUS LOCAL, RI NFLICT SCENARIO,	EGIONAL AND INTERNATION THEY CONSISTENTLY INFL	TIVE UNDERSTANDING OF HOW BES NAL ACTORS WHILE CRISIS GROUP LUENCE AN ARRAY OF ACTORS/DEC TONAL PLAYERS OR STAKEHOLDERS	S ADVOCACY EFFORTS ARE ISION-MAKERS IN THE COUNTRY
	(Code) (Expenses \$	4,044,923	ıncludıng grants of \$) (Revenue \$)
	TURKMENISTAN - FOCUS: FROM SEOUL AND BEIJING CHINA SEAS AND CHINA'S INDONESIA'S POLITICAL D ON THAILAND'S SOUTHER	ING ON THE REGIONS MA G, CRISIS GROUP EXAMII PERCEPTION AND APPR EVELOPMENTS, REGIONA N INSURGENCY, MYANMA STAN, GOVERNANCE, EXT	AIN SECURITY AND NES POLICY OPTIO OACH TO REGIONA NE AUTONOMY, COI AR, TIMOR-LESTE REMISM, AND SEC	STABILITY PROBLEMS, ANI NS FOR RESOLVING THE NO L CONFLICTS SOUTH EAST WMUNAL VIOLENCE AND THE AND THE PHILIPPINES SOUTH TARIAN VIOLENCE IN PAKI	JZBEKISTAN, TAJIKISTAN, KAZAKHS D THE ROLE THAT RUSSIA PLAYS IN DRTH KOREAN NUCLEAR CRISIS, CO ASIA CRISIS GROUP'S JAKARTA-B E ROLE OF RADICAL ISLAM IN THE TH ASIA CRISIS GROUP ADDRESSE STAN, THE SITUATION IN KASHMIR,	THE REGION NORTH EAST ASIA ONFLICT IN THE SOUTH AND EAS ASED TEAM REPORTS ON REGION ANALYSTS ALSO FOCUS IS THE SECURITY AND POLITICAL
_	/C-1-) (Expenses \$	2.062.440	walled was awayte of A) (Revenue \$	`
4 c	REPUBLIC OF CONGO, AS GROUP'S DAKAR-BASED A AND SIERRA LEONE THE STABILITY AS A WHOLE HG AND TENSIONS IN THE RE CONFLICT RELATED DEVE AFRICA CRISIS GROUP'S	CRISIS GROUP'S NAIROI WELL AS CONTINUING C NALYSTS WATCH EVENT! PROJECT ALSO COVERS DRN OF AFRICA CRISIS GIONS EACH SIDE OF LOPMENTS IN KENYA, SC REGION-BASED TEAM R IN MADAGASCAR, THE C	HALLENGES TO SE 6 CLOSELY IN GUIN NIGERIA AND EXAN GROUP'S REGION- IE BORDER BETWE MALIA'S PROBLEM EPORT ON ZIMBAB	CURITY IN BURUNDI, CHAE IEA, GUINEA-BISSAU, MALI IINES POLITICAL ISSUES OF BASED ANALYSTS FOCUS O EN THE TWO SUDANS ELS ATIC TRANSITION, AND CO WE'S CONTINUING CRISIS,	THE FRAGILE PROCESS OF RECON O AND THE CENTRAL AFRICAN REPU AND COTE D'IVOIRE AND MONITOR SUCCESSION, DEMOCRACY AND FON DEVELOPMENTS IN SUDAN AND TEWHERE THE PROJECT REPORTS ON NTINUING TENSIONS BETWEEN ETH AND COVERS SOUTH AFRICA'S ROISADC, AND ALSO ENGAGES IN HIGH	JBLIC WEST AFRICA CRISIS NIGER, BURKINA FASO, LIBERIA LISKS TO THE COUNTRY'S THE NEW STATE OF SOUTH SUDAN N GOVERNANCE IN UGANDA, HIOPIA AND ERITREA SOUTHERN LE IN THE REGION THE PROJECT
	FOCUSING ON PEACE AND DEVELOPMENTS IN LEBAN DEVELOPMENTS, GOVERN CONTINUES IT ALSO COV	O POLITICAL TRANSITION ON AND IT ALSO COVERS ANCE AND SECURITY IN ÆRS YEMEN, EXAMINING ICA CRISIS GROUP REPO	STRATEGIES IRAG GOVERNANCE AN IRAQ AND POLITIC THE COUNTRY'S F DRTS ON THE TRAI	Q/SYRIA/LEBANON CRISIS D SECURITY IN IRAQ IRAN AL DEVELOPMENTS IN IRAN FRAGILITY AND THE RENEW) (Revenue \$ EGION CLOSELY MONITOR DEVELOP GROUP CLOSELY COVERS THE WAF I/GULF STATES CRISIS GROUP CLO N AS THE INTERNATIONAL RESPONS I/ED CONFLICT IN THE SOUTH AND AND TUNISIA, AND COVERS POLITIO	R IN SYRIA, INTERNAL OSELY MONITORS POST-WAR IE TO THE NUCLEAR DILEMMA THE STALLED REFORM PROCESS
	(Code) (Evnonces &	1 707 402	including grants of \$	\	225 000 \
	(Code EUROPE PROGRAM) (Expenses \$	1,787,493	including grants of \$) (Revenue \$	225,000)
	(Code LATIN AMERICA PROGRAM) (Expenses \$	1,070,653	including grants of \$) (Revenue \$	225,000)
	Other program service	es (Describe in Sch	edule O)			
-Tu	(Expenses \$		cluding grants (of \$) (Revenue \$	885,000)
4e	Total program service	· · · · · ·	17,100,778	<u>'</u>		· ·

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9	Yes	
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
l1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			N.o.
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e 11f	Yes	No_
L2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
L4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
L5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
L 7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
L8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
L9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)						
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No			
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νo			
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)						
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part						
		28a		Νo			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No			
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No			
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Νo			
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Yes				

			Yes	<u></u>
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 35		163	I
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
٠	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	by this return	1		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		١
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a	Yes	
L	account)?		res	
b	AF, BE, CO, GG, HA, ID, KE, KS, KG, OC, PK, RS, SG,			
	If "Yes," enter the name of the foreign country			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N
		5b		<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			١,
d	file Form 8282?	7c		N
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_		
_		8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter Introduce for and control cont			
	Initiation fees and capital contributions included on Part VIII, line 12			
1				
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
ט	against amounts due or received from them)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	1	
b	Enter the amount of reserves the organization is required to maintain by the states			
	This which the organization is incensed to issue qualified fleath plans	1		
_		1	l	1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	İ	ĺΝ

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	,
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
L 7	List the States with which a copy of this Form 990 is required to be filed ►AR , CA , CO , CT , FL , GA , IL , MA , M OH , PA , VA , WA	D,MI	, NJ , N	Υ,
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
19	Own website Another's website Vipon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of			

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

▶BRETT MOODY LEVEL 14 149 AVE LOUISE 1050BRUSSELSBE (322)502-9038

Form	990	(201	2)

Page 7

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax vear

- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations	more t perso and	ition (than (on is a dire	one l both	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related
	below dotted line)	Individual trustee or director	Institutional Trustee	Former Highest compensated employee Key employee Officer			organızatıons			
See Additional Data Table										
	•	1	1							Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per week (list any hours								table sation the tion (W-	(E) Reportable compensation from related organizations (W	,_	(F) Estima mount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustie or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		rganizati relate organiza	ed
												_		
1b	Sub-Total			•				•						
c d	Total from continuation sheet Total (add lines 1b and 1c) .			١.	•	•	•	*		2,613,555		0		381,090
2	Total number of individuals (in \$100,000 of reportable compe	cluding but not	limited				d abov	e) wl	ho receive	d more th	lan			
													Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee, •	or highes	t compen	sated employee	3		N o
4	For any individual listed on line organization and related organ													
_	ındıvıdual				•	•		•				4	Yes	
5	Did any person listed on line 1 services rendered to the organ									• • •	· · · ·	5		No
Se	ction B. Independent Co	ntractors												
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year														
	N	(A) Jame and business	address							Des	(B) cription of services		(C Comper	
	otal number of independent co			not	lımıt	ed to	o those	e list	ed above)	who rece	ıved more than			

Form 99		·						Page 9
Part \	/1111	Statement of Check of Schedu	of Revenue ule O contains a respor	nse to any question i	n this Part VIII .			
		oncen ii oenea	are o comums a respon	se to any question.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
ω£	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ıes 1b					
بة الله	c	Fundraising eve	ents 1c	763,241				
ifts,	d	Related organiz	zations 1d					
nii.G	e	Government grant	s (contributions) 1e	8,514,686				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribute	ons, gifts, grants, and 1f	4,528,617				
outi her	ļ -	sımılar amounts no	ot included above					
Ē	g	Noncash contribute 1a-1f \$	ons included in lines	16,651				
anc anc	h	Total. Add lines	s 1a-1f	· · · .	13,806,544			
				Business Code				
nua	2a	MIDDLE EAST AND	NORTH AFRICA	900099	435,000	435,000		
Program Serwce Revenue	ь	EUROPE		900099	225,000	225,000		
	С	LATIN AMERICA		900099	225,000	225,000		
Xer.	d							
Ē	е							
Program	f	All other progra	am service revenue					
	g	Total. Add lines	s 2a-2f		885,000			
	3		ome (including dividend ar amounts)		415,596			415,596
	4		stment of tax-exempt bond p	<u> </u>				
	5	Royalties	. <u></u> .	🕨				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	Ь	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	3,880,104	16,451				
	Ь	Less cost or other basis and	3,647,477	0				
	c	sales expenses Gain or (loss)	232,627	16,451				
	ď		[249,078			249,078
	8a	Gross income f						
Other Revenue		Ψ	luding 3,241 s reported on line 1c)					
æ		See Part IV, lir	ne 18 a l					
jer Ter	ь	Less directev	penses b	68,400 283,818				
₹	c		(loss) from fundraising	· · · · · · · · · · · · · · · · · · ·	-215,418			-215,418
	9a		from gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С		ا (loss) from gamıng actı	vities▶-				
	10a	Gross sales of						
		returns and allo	owances . a					
	ь	Less cost of q	oods sold b					
	1		(loss) from sales of inve	entory 🛌				
		Miscellaneou	s Revenue	Business Code				
	11a	MISCELLANEC	ous	900099	2,777			2,777
	b							
	С							
	d	All other reven	l					
	е	Total. Add lines		• • •	2,777			
	12	Total revenue.	See Instructions	· · · · •	15,143,577	885,000	0	452,033

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 2,032,218 926,093 935,592 170,533 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 9,428,897 8,640,408 309,374 479,115 Pension plan accruals and contributions (include section 401(k) 428,268 386,211 15,211 and 403(b) employer contributions) 26.846 1,211,921 1,116,366 59,173 Other employee benefits 36,382 10 1,051,552 803,096 185,961 62,495 11 Fees for services (non-employees) Management -14,937 -2,502 -11,947 Legal -488 Accounting 222,056 170,703 43,408 7,945 Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion . . 12 13 Office expenses 1,148,420 922,570 163,370 62,480 31,741 11,915 14 Information technology . . . 46,021 2,365 15 Royalties . 1,312,545 1,025,097 166,462 120,986 16 Occupancy **17** 2,123,255 1,858,060 95,894 169,301 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 644 554 243 -153 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 52,856 47,763 1,905 3,188 23 1,188,398 1,067,971 71,790 48,637 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a LOCAL TAXES 63,765 44,704 15,882 3,179 SPECIFIC PROVISIONS 50,000 33,811 14,264 1,925 CREDIT CARD FEES 19,660 13,711 5,187 762 d MISCELLANEOUS 19,547 14,421 3,994 1,132 e All other expenses Total functional expenses. Add lines 1 through 24e 25 20.385.086 17,100,778 2.087.678 1,196,630 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Cash—non-interest-bearing Segmining of year Cash—non-interest-bearing Cash—no	Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
2 Savings and temporary cash investments 2,145,668 2 1,366,871				(A)		(B)
3 Fledges and grants receivable, net 11,008,825 3 9,132,925		1	Cash—non-interest-bearing	2,487,722	1	2,881,160
4 Accounts receivable, net		2	Savings and temporary cash investments	2,145,668	2	1,395,815
100 1.142.888 1.00 1.14		3	Pledges and grants receivable, net	11,908,853	3	9,132,952
### Complete Part II of Schedule L		4	Accounts receivable, net	649,657	4	46,650
1		5	employees, and highest compensated employees Complete Part II of		5	
Prepared expenses and deferred charges 9 630,066	its	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary		-	
Prepared expenses and deferred charges 9 630,066	82	,	Notes and loans receivable net			
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete 10b Less accumulated depreciation 11 Investments—publicly traded secunites 12 Investments—publicly traded secunites 12 Investments—publicly traded secunites 13 Investments—publicly traded secunites 14 Intrangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Les crow or custodial account liability Complete Part IV of Schedule D 10 Tax-exempt bond liabilities 11 Unas and other liabilities not included on lines 17-24) Complete Part X of Schedule 10 Total liabilities, Add lines 17 through 25 10 Total liabilities, Add lines 17 through 25 11 Unsecured notes and loans payable to unrelated third parties 12 Unsecured notes and loans payable to unrelated third parties 13 Cother liabilities not included on lines 17-24) Complete Part X of Schedule 15 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 15 Unrestricted net assets 100,000 29 100,000 10 Toganizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34. 16 Total liabilities, and contributed on current funds 17 Unrestricted net assets 100,000 29 100,000 17 Unrestricted net assets 100,000 29 100,000 18 Unrestricted net assets 10 Capital stock or trust principal, or current funds 19 Permanently restricted net assets 10 Capital stock or trust principal, or current funds 10 Capital stock or trust principal, or current funds 11 Pad-in or capital surplus, or land, building or equipment fund 12 Capital stock or fund balances 13 United net assets or fund balances 14 United net assets or fund balances 15 United net assets or fund balances 16 United Notes of the fund balances 17 United Notes of the fund balances 18 United Notes of the fund balances 19 United N	4				-	
10a		_				630 999
1		_	Land, buildings, and equipment cost or other basis Complete			
11 Investments—publicly traded securities 28,802,300 11 27,409,715 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 180,473 15 189,336 16 Total assets. Add lines 1 through 15 (must equal line 34) 46,038,696 16 41,839,896 17 Accounts payable and accrued expenses 1,699,176 17 1,699,917 18 Grants payable 18 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 9,484 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24 Complete Part IX of Schedule 25 26 Total liabilities, Add lines 17 through 25 1,708,600 26 1,699,912 27 Unrestricted net assets 32,063,266 27 30,166,161 28 Temporarily restricted net assets 32,063,266 27 30,166,161 29 Permanently restricted net assets 32,063,266 27 30,166,161 29 Permanently restricted net assets 12,166,770 28 9,875,884 29 Permanently restricted net assets 12,166,770 28 9,875,884 20 Capital stock or trust principal, or current funds 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building or equipment fund 31 31 Paid-in or capital surplus, or land, building or equipment fund 44,330,038 33 40,142,177 32 Retained earnings, endowment, accumulated income, or other funds 44,		ь		63,963	10c	92,161
12		11	· · · · · · · · · · · · · · · · · · ·	28,602,360	11	27,469,715
13					12	
14		13			13	
15		14			14	
16		15		180,473	15	189,536
17				46.038.696		41.838.988
18 Grants payable				, ,		
Page 19 Deferred revenue				.,,		
20 Tax-exempt bond liabilities						
21 Escrow or custodial account liability Complete Part IV of Schedule D . 9,484 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L						_
Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				9.484		_
Unsecured notes and loans payable to unrelated third parties			Loans and other payables to current and former officers, directors, trustees,	2,121		
Unsecured notes and loans payable to unrelated third parties	죭				22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties		24	
26 Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
Organizations that follow SFAS 117 (ASC 958), check here F and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26		1 708 660		1 696 917
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	—— Ф	20	Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete	1,1. 55,555	20	.,,,,,,,,,
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	anc	27	- '	32,063,266	27	30, 166, 187
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u></u>	28		12,166,770	28	9,875,884
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	핗			100,000	29	100,000
30 Capital stock or trust principal, or current funds						
31 Paid-in or capital surplus, or land, building or equipment fund		30			30	
33 Total net assets or fund balances	φ					
33 Total net assets or fund balances	A S:				32	
34 Total liabilities and net assets/fund balances 46 038 696 34 41 838 98				44,330,036		40,142,071
	Ź	34	Total liabilities and net assets/fund balances	46,038,696	34	41,838,988

Par	t XI Reconcilliation of Net Assets			<u> </u>	-9
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		15,1	.43,577
2	Total expenses (must equal Part IX, column (A), line 25)	2		20,3	885,086
3	Revenue less expenses Subtract line 2 from line 1	3		-5,2	241,509
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		44,3	330,036
5	Net unrealized gains (losses) on investments	5		1,1	.23,176
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-69,632
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		40,1	42,071
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b	Yes	

Software ID: **Software Version:**

EIN: 52-5170039

Name: INTERNATIONAL CRISIS GROUP

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related	
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations	
LOUISE ARBOUR PRESIDENT & CEO	39 00	х		х				265,547	0	93,871	
THOMAS PICKERING CHAIR	2 00	х		х				0	0	0	
AYO OBE VICE CHAIR	2 00	х		х				0	0	0	
GHASSAN SALAME VICE CHAIR	2 00	х		х				0	0	0	
MORTON ABRAMOWITZ TRUSTEE	2 00	х						0	0	0	
CHERYL CAROLUS TRUSTEE	2 00	х						0	0	0	
MARIA LIVANOS CATTAUI TRUSTEE	2 00	х						0	0	0	
YOICHI FUNABASHI TRUSTEE	2 00	х						0	0	0	
FRANK GIUSTRA TRUSTEE	2 00	х						0	0	0	
GEORGE SOROS TRUSTEE	2 00	х						0	0	0	
PAR STENBACK TRUSTEE	2 00	х						0	0	0	
KOFI ANNAN TRUSTEE	2 00	х						0	0	0	
WESLEY CLARK TRUSTEE	2 00	х						0	0	0	
MARK EYSKENS TRUSTEE	2 00	х						0	0	0	
JOSCHKA FISCHER TRUSTEE	2 00	х						0	0	0	
CARLA HILLS TRUSTEE	2 00	х						0	0	0	
LENA HJELM-WALLEN TRUSTEE	2 00	х						0	0	0	
WIM KOK TRUSTEE	2 00	х						0	0	0	
RICARDO LAGOS TRUSTEE	2 00	х						0	0	0	
JOANNE LEEDOM-ACKERMAN TRUSTEE	2 00	х						0	0	0	
NAHUM BARNEA TRUSTEE	2 00	х						0	0	0	
SAMUEL BERGER TRUSTEE	2 00	х						0	0	0	
SHEILA CORONEL TRUSTEE	2 00	х						0	0	0	
PAUL REYNOLDS TRUSTEE	2 00	х						0	0	0	
JEAN-MARIE GUEHENNO TRUSTEE	2 00	x						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (D) (E) (F) (A) (C) Name and Title Position (do not check Reportable Estimated amount Average Reportable hours more than one box, compensation compensation of other unless person is both from the from related compensation per organization (Wan officer and a organizations (Wweek from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Highest compensated employee Former Q hours organizations Institutional Trustee Indual for employ related organizations trustee below 0 dotted line) 2 00 MO IBRAHIM Х 0 0 TRUSTEE 2 00 IGOR IVANOV 0 0 Х 0 **TRUSTEE** 2 00 ASMA JAHANGIR Х 0 0 0 TRUSTEE 2 00 LORD MARK MALLOCH-BROWN Χ 0 0 0 TRUSTEE 2 00 LALIT MANSINGH Х 0 0 0 TRUSTEE 2 00 BENJAMIN MKAPA 0 Х 0 0 TRUSTEE 2 00 JAVIER SOLANA 0 0 0 Х TRUSTEE 2 00 LAWRENCE SUMMERS 0 0 Χ **TRUSTEE** 2 00 MOISES NAIM 0 0 0 Х TRUSTEE 2 00 MICHELINE CALMY REY 0 0 0 Х TRUSTEE 2 00 LYKKE FRIIS Χ 0 0 0 TRUSTEE 2 00 WADAH KHANFAR Χ 0 0 TRUSTEE 2 00 LAURENCE PARISOT 0 0 0 Х TRUSTEE 2 00 KARIM RASLAN Х 0 0 0 TRUSTEE 2 00 LIV MONICA STUBHOLT Χ 0 0 TRUSTEE 2 00 WANG JISI 0 0 0 Х TRUSTEE 2 00 WU JIANMIN 0 0 0 Х TRUSTEE 2 00 LIONEL ZINSOU Χ 0 0 0 **TRUSTEE** 2 00 NABIL FAHMI 0 0 TRUSTEE 39 00 BRETT MOODY 0 Χ 142,177 16,167 TREASURER/CFO 40 00 CAROLE CORCORAN Χ 164,035 0 13,657 SEC /LEGAL COUNSEL & DIR OF S P 39 00 ALAIN DELETROZ Х 126,617 0 37,956 VP (EUROPE) (THROUGH 07/13) 40 00 MARK SCHNEIDER Χ 167,955 0 15,932 SR VP & SPEC ADVIS LATIN AMERICA 39 00 NICHOLAS GRONO Χ 146,662 23,905 0 DEPUTY PRESIDENT/COO (THROUGH 10/12) 40 00 FABIENNE HARA 166,005 0 14,020 VP (MULTI AFFAIRS)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

LATIN AMERICA & CARR PROG DIR

(A) Name and Title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
JONATHAN GREENWALD VICE PRES (PUBLICATIONS)	40 00			х				125,720	0	6,286
JOOST HILTERMAN DEP PROG DIR (THROUGH 12/12), COO (01/13)	39 00			х				164,328	0	20,440
JONATHAN PRENTICE CHIEF POLICY OFFICER	39 00			х				128,609	0	10,143
EMMA CHERNIAVSKY CHIEF DEVELOPMENT OFFICER	39 00			х				150,781	0	8,339
SAMUEL CLAY JOHNSON CHIEF OF HUMAN RESOURCES	39 00			х				128,055	0	11,213
ROBERT TEMPLER ASIA PROGRAM DIR (THROUGH 11/12)	40 00					х		191,327	0	11,268
ROBERT MALLEY MENA PROGRAM DIRECTOR	40 00					х		165,325	0	19,620
SABINE FREIZER EUROPE PROGRAM DIR (THROUGH 05/13)	40 00					х		130,024	0	26,524
WILLIAM LAWRENCE N AFRICA PRO DIR (THROUGH 06/13)	40 00					х		116,825	0	36,883
JAVIER CIURLIZZA	40 00					х		133,563	0	14,866

133,563

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493128014434

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

NIERI	NALION	NAL CRISIS	GROUP						52-5170	039			
Pai	τI	Reas	on for Pu	blic Charity Sta	tus (All org	ganızatıor	ns must com	plete this i	part.) See ı	nstruction	ons.		
he o	rganı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ines 1 thro	ough 11, check	only one b	ox)				
1	Γ	A chur	ch, conventi	on of churches, or as	ssociation of	churches	described in s	ection 170(b)(1)(A)(i).				
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Sche	dule E)						
3	Γ	A hosp	ital or a coo	perative hospital se	rvice organiz	ation desc	ribed in sectio	n 170(b)(1)(A)(iii).				
4	Г	A medi	cal researci	n organization operat	ted in conjun	ction with	a hospital des	cribed in se	ction 170(b)	(1)(A)(ii	i). En	ter the	
		hospita	al's name, ci	ty, and state	-		•						
5	Г	Anorg	anızatıon op	erated for the benefi	t of a college	or univers	sity owned or o	perated by	a governmen	tal unit d	lescri	bed ın	
		sect ior	170(b)(1)(A)(iv). (Complete P	art II)								
6	\vdash	A feder	al, state, or	local government or	government	al unit des	cribed in secti	ion 170(b)(1)(A)(v).				
7	✓	Anorg	anızatıon tha	at normally receives	a substantia	al part of it	s support from	a governm	ental unit or f	rom the	gener	al public	:
_	_			n 170(b)(1)(A)(vi).		•							
8	<u> </u>		-	described in section			•	-			_		
9	ļ	_		at normally receives			7.7		•	-	-	=	SS
		•		ities related to its ex	•	-		• •	• •				
		-	_	oss investment inco				-		tax) fron	n busi	inesses	
	_			janization after June 									
10	<u> </u>			ganized and operated									
11	ı			ganized and operated ly supported organiz									
				bes the type of supp						ee Section	JII 30:	o(a)(3).	CHECK
				b						on-functi	ionall	y integra	ated
e	Γ	By che	cking this b	ox, I certify that the	organization	ıs not con	trolled directly	or indirect	ly by one or r	nore disc	qualıfı	ed pers	ons
				on managers and ot	her than one	or more pu	ablicly support	ed organıza	tıons descrıb	ed in sec	ction	509(a)(1) or
f			1509(a)(2)	received a written de	atarmination	from the I	DC that it is a	Typo I Typ	o II or Typo	III cupr	ortin	a orazni	zation
•			this box	received a writteri di	eceriiiiiacioii	nom the r	N3 tilat it is a	Type I, Typ	e II, OI Type	III Supp	יוווי	y organi	
g				2006, has the organi	zation accep	ted any gi	ft or contributi	on from any	of the				,
			ng persons?										
				irectly or indirectly o	· ·		_	persons de	scribed in (ii	_		Yes	No
				governing body of th		_	on?			<u> </u>	11g(i		
			•	er of a person descr						—	11g(ii		<u> </u>
				lled entity of a perso						Ŀ	11g(ii	i)	
h		Provide	e the follown	ng information about	the supporte	ed organiza	ation(s)						
							T		T				
_) Nan uppoi		(ii) EIN	(iii) Type of organization	(iv) Is t organızatı		(v) Did you the organi		(vi) Is organizat			(vii) An	nount of etary
	ganiz			(described on	col (i) list		in col (i)		col (i) ord				port
٠.	9			lines 1 - 9 above	your gove		suppor		in the U			0.45	,,,,
				or IRC section	docume	nt?							
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 20,374,161 23,816,897 17,427,944 16,489,290 13,806,544 91,914,836 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 20,374,161 23,816,897 17,427,944 16,489,290 13,806,544 91,914,836 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 14,626,334 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 77,288,502 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2010 (a) 2008 **(b)** 2009 (d) 2011 (e) 2012 (f) Total beginning in) 🟲 20,374,161 17,427,944 16,489,290 Amounts from line 4 23,816,897 13,806,544 91,914,836 Gross income from interest, dividends, payments received on securities loans, rents, royalties 254,821 74,325 62,618 165,349 415,596 972,709 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 4,845 3,587 751 11,586 2.777 23,546 capital assets (Explain in Part IV) 11 Total support (Add lines 7 92,911,091 through 10) 12 Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 83 190 % Public support percentage for 2011 Schedule A, Part II, line 14 15 74 020 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┡┰ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Liberal Counties and	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	 	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493128014434

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** INTERNATIONAL CRISIS GROUP 52-5170039 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes 3 Was a correction made? ☐ Yes □ No If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV **(c)** EIN (e) A mount of political (a) Name (b) Address (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l .)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo					
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).	ОТ			1 4	gc c
		(a	a)		(b)	
ror e activ	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying rity.	Yes	No	A	moun	ŧ
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No			
C	Media advertisements?		No			
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			80	0,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?		No			
j	Total Add lines 1c through 1i				80	0,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c)(5), o	r se	ction	1
_			_	_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
С	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Tayable amount of lobbying and political expenditures (see instructions)	5				

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493128014434

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Financial Statements

Open to Public

	me of the organization ERNATIONAL CRISIS GROUP	missor is see separate instructions.	Emp	oloyer identification number
Do	rt I Organizations Maintaining Donor Ad	vised Eunds or Other Similar E		5170039
EG	organization answered "Yes" to Form 990		unus	of Accounts. Complete if the
	•	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		nor adv	rsed Yes No
6	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			
Рa	rt II Conservation Easements. Complete if	the organization answered "Yes" t	o Forn	<u> </u>
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held	or education) Preservation of ar Preservation of a	certifie	d historic structure
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	Held at the Liid of the Year
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	quired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by th	ne organization during
	the tax year ►			
4	Number of states where property subject to conservat	ion easement is located ►		
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easer	ments (during the year
7	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year
8	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	e footnote to the organization's financia ents	l stater	ments that describes
Par	Complete If the organization answered "		or Ot	her Similar Assets.
1a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to thes	ets held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			ncial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1			▶ \$

b Assets included in Form 990, Part X

F\$_

	Organizations Maintaining Co	liections of Art	, HIS	COLI	cai ire	<u>easur</u>	es, or c	tnei	' Similar As	ssets (continuea)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck	any of th	ne follo	wing that	are a	significant us	e of its	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	rams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's c Part XIII	ollections and expla	in how	the [,]	/ further	r the or	ganızatıor	ı's ex	empt purpose	ın	
5	During the year, did the organization solicit								ılar	_	_
-	assets to be sold to raise funds rather than								!! to Forms	┌ Yes	│ No
Pal	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	u r	es to Form	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets r	ot	┌ Yes	√ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follow	ıng t	able		-				
									Aı	nount	
C	Beginning balance							1c			
d	Additions during the year							1d			
e	Distributions during the year						}	1e			
f	Ending balance						L	1f			
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21?							✓ Yes	Г No —
ь	If "Yes," explain the arrangement in Part XII										<u> </u>
Pa	rt V Endowment Funds. Complete										
1a	Beginning of year balance	(a)Current year 27,080,800	(b)	rior y	ear r 959,322	o (c) I W	26,948,07		hree years back 23,718,702	(e)Four	years back 18,077,420
ь	Contributions	20,000			120,000		20,000	+	247,000		2,033,000
c	Net investment earnings, gains, and losses							1			
·		1,235,529			1,478		-8,749	9	2,982,369		3,608,282
d	Grants or scholarships										
е	Other expenditures for facilities and programs	946,972									
f	Administrative expenses										
g	End of year balance	27,389,357		27,0	080,800		26,959,322	2	26,948,071		23,718,702
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	e 1g	column	n (a)) h	eld as				
а	Board designated or quasi-endowment	99 620 %	•	-							
ь	Permanent endowment ► 0 380 %										
c) %									
_											
	·	uld equal 100%									
3a	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation t	hat a	are held	and ad	lmınıstere	d for	the		
3a	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by	ssion of the organiz	ation t	hat a	are held	and ad	lmınıstere	d for		Ye	
3a	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organiz		hat a	are held	and ad	lmınıstere	d for	За	(i)	No
	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations	ssion of the organiz				and ad	lmınıstere 	d for	3a	(i) (ii)	
	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations If "Yes" to 3a(ii), are the related organization	ssion of the organiz	 d on S	ched	 ule R?	and ad	lmınıstere 	d for	3a	(i)	No
b 4	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	ssion of the organiz	 d on S	ched ent fu	ule R?		lministere	d for	3a	(i) (ii)	No
b 4	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the	ssion of the organiz	 d on S	chedent for	ule R?	0.	Iministere	other	3a	(i) (ii) b	No
b 4 Par	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the company of the	ssion of the organiz	 d on S	chedent for	ule R? unds line 10	0.	(b) Cost or	other	3a 3	(i) (ii) b	No No
b 4 Par	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the companion of property	ssion of the organiz	 d on S	chedent for	ule R? unds line 10	0.	(b) Cost or	other	3a 3	(i) (ii) b	No No
b 4 Par 1a b	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizatio Describe in Part XIII the intended uses of the companion of property Land, Buildings, and Equipment Description of property	ssion of the organiz	 d on S	chedent for	ule R? unds line 10	0.	(b) Cost or	other	3a 3	(i) (ii) b	No No
b 4 Par	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the state of the s	ssion of the organiz	 d on S	chedent for	ule R? unds line 10	0.	(b)Cost or basis (ot	other	3a 3 (c) Accumulat depreciation	(i) (ii) b	No No
b 4 Par 1a b c d	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organization Describe in Part XIII the intended uses of the strict of property To and Buildings, and Equipment of property Land	ns listed as require ne organization's en	d on Sidowme	ched	ule R? unds , line 1) Cost or sis (invest	O. other trment)	(b) Cost or basis (ot	other	3a 3 (c) Accumulat depreciation	(i) (ii) b	No No Book value

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Part	XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue p	er Reti	urn
1	Total revenue, gains, and other support per audited financial statements .			1	17,782,397
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	1,123,176		
b	Donated services and use of facilities	2b	1,250,766		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	283,818		
e	Add lines 2a through 2d			2e	2,657,760
3	Subtract line 2e from line 1		[3	15,124,637
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)	4b	18,940		
c	Add lines 4a and 4b			4c	18,940
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)		5	15,143,577
Part	XII Reconciliation of Expenses per Audited Financial State	ements Witl	n Expenses	per Re	eturn
1	Total expenses and losses per audited financial statements			1	21,900,730
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a	1,250,766		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII)	2d	283,818		
e	Add lines 2a through 2d			2e	1,534,584
3	Subtract line 2e from line 1			3	20,366,146
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	18,940		
c	Add lines 4a and 4b			4c	18,940
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	18)		5	20,385,086
5	Total expenses Add lines 3 and 4c. (This must equal Form 550, Fait 1, line 1	,		- 1	,,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

ınformatıon		
Identifier	Return Reference	Explanation
	PART IV, LINE 2B	DURING THE FISCAL YEAR ENDED JUNE 30, 2013, CRISIS GROUP HAD A FISCAL AGENCY RELATIONSHIP WITH THE INSTITUTE FOR INTEGRATED TRANSITIONS (IFIT) AN ORGANIZATION FOUNDED BY A FORMER EMPLOYEE
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	IN ACCORDANCE WITH THE DONOR'S INTENT, THE CONTRIBUTED FUNDS (\$100,000) ARE TO BE INVESTED IN-PERPETUITY, AND THE INVESTMENT INCOME GENERATED FROM THE INVESTED FUNDS WILL BE USED TO SUPPORT THE GENERAL OPERATIONS OF CRISIS GROUP THE REMAINING FUNDS RELATE TO THE SECURING THE FUTURE CAPITAL FUND THE PRIMARY PURPOSE OF THE SECURING THE FUTURE FUND IS TO GENERATE INCOME TO PROVIDE FOR THE LONG-TERM STABILITY, INDEPENDENCE, FLEXIBILITY AND CONTINUITY OF THE ORGANIZATION THE FUND WOULD BE AVAILABLE FOR OTHER USES, (TRANSITIONAL OR EMERGENCY PURPOSES, OR TO TAKE ADVANTAGE OF SPECIAL OPPORTUNITIES) ONLY IN EXCEPTIONAL CIRCUMSTANCES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	FOR THE YEAR ENDED JUNE 30, 2013, CRISIS GROUP HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS THE FEDERAL FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX, IS SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER IT IS FILED
PART XI, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES INCLUDED AS EXPENSE ON 283,818 FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B
PART XI, LINE 4B - OTHER ADJUSTMENTS		GAIN ON DISPOSAL OF FIXED ASSETS, SHOWN AS EXPENSE ON 16,451 THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 7D INTEREST REVENUE NETTED AGAINST EXPENSES ON FINANCIAL 2,489 STATEMENTS AND REPORTED AS REVENUE ON FORM 990, PART VIII, LINE 3
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES INCLUDED AS EXPENSE ON 283,818 FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 8B
PART XII, LINE 4B - OTHER ADJUSTMENTS		GAIN ON DISPOSAL OF FIXED ASSETS, SHOWN AS EXPENSE ON 16,451 THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON FORM 990, PART VIII, LINE 7D INTEREST REVENUE NETTED AGAINST EXPENSES ON FINANCIAL 2,489 STATEMENTS AND REPORTED AS REVENUE ON FORM 990, PART VIII, LINE 3

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As Filed Data -

DLN: 93493128014434

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Open to Public **Inspection** Internal Revenue Service Name of the organization **Employer identification number** INTERNATIONAL CRISIS GROUP 52-5170039 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	See Add'l Data					
3a	Sub-total	15	67			12,153,150
	Total from continuation sheets to Part I	0	1			152,689
<u>c</u>	Totals (add lines 3a and 3b)	15	68			12,305,839

Schedule F (Form 990) 2012

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
2				ted above that are r e or counsel has pro					_		
3 Enter total number of other organizations or entities											

Schedule F (Form 990) 2012 Page 3 Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) A mount of (e) Manner of cash (a) Type of grant or (b) Region (f) A mount of (g) Description (h) Method of assistance recipients cash grant disbursement non-cash of non-cash valuation assistance (book, FMV, assistance appraisal, other)

Part IV Foreign Forms

1	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Γ	Yes	ত	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Г	Yes	ত	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Г	Yes	ত	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Г	Yes	দ	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).	[ত	Yes	Γ	Νo

Schedule F (Form 990) 2012

Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3,

as applicable. Also cor	nplete this part to provide any add	l Part III, column (c) (estimated number of recipients), ditional information (see instructions).
column (f) (accounting (accounting method);	method; amounts of investments Part III (accounting method); and mplete this part to provide any ad ReturnReference	
		GOVERNANCE IN UGANDA, CONFLICT RELATED DEVELOPMENTS IN KENYA, SOMALIA'S PROBLEMATIC TRANSITION, AND CONTINUING TENSIONS BETWEEN ETHIOPIA AND ERITREA SOUTHERN AFRICA CRISIS GROUP'S REGION-BASED TEAM REPORT ON ZIMBABWE'S CONTINUING CRISIS, AND COVERS SOUTH AFRICA'S ROL IN THE REGION THE PROJECT REPORTS ON THE CRISIS II MADAGASCAR, THE CAPACITY OF THE REGIONAL ORGANIZATION SADC AND ALSO ENGAGES IN HIGH LEVE ADVOCACY WITH THE SOUTH AFRICAN GOVERNMENT AN THE SADC PART I, LINE 3, COLUMN (E) REGION NORTH AMERICA MEXICO CRISIS GROUP COVERS THE DRUG- RELATED VIOLENCE IN MEXICO AND ITS IMPACT ON GOVERNANCE

Additional Data

Software ID: Software Version:

EIN: 52-5170039

Name: INTERNATIONAL CRISIS GROUP

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	1	2		SEE DESCRIPTION CONTINUED ON PART V	488,257
EAST ASIA AND THE PACIFIC	3	7		SEE DESCRIPTION CONTINUED ON PART V	1,937,773
EUROPE (INCLUDING ICELAND & GREENLAND)	2	4		SEE DESCRIPTION CONTINUED ON PART V	895,356

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
MIDDLE EAST AND NORTH AFRICA	1	16		SEE DESCRIPTION CONTINUED ON PART V	2,555,779				
RUSSIA & THE NEWLY INDEPENDENT STATES	2	6		SEE DESCRIPTION CONTINUED ON PART V	1,315,320				
SOUTH AMERICA	1	3		SEE DESCRIPTION CONTINUED ON PART V	428,208				

Form 990 Schedule F Part I - Activities Outside The United States									
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region				
SOUTH ASIA	2	10	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	1,677,790				
SUB-SAHARAN AFRICA	3	19	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	2,854,667				
NORTH AMERICA	0	1	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	152,689				

Form 990 Schedule F	<u>Part I - Activi</u>	<u>ties Outside T</u>	he United States		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
				SEE DESCRIPTION CONTINUED ON PART V	
				SEE DESCRIPTION CONTINUED ON PART V	
				SEE DESCRIPTION CONTINUED ON PART V	

DLN: 93493128014434

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

INTERNATIONAL CRISIS GROUP

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Open to Public

Employer identification number

52-5170039

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection

Pa	rt I Fundraising Act	ivities. Complete	ıf the or	ganızatı	on answered "Yes"	to Form 990, Part IV	, line 17.	
1 a b	Indicate whether the organization raised funds through any of the Mail solicitations e Internet and email solicitations f			-	ne following activities Check all that apply e Solicitation of non-government grants f Solicitation of government grants			
c d	Phone solicitations In-person solicitations			g	Special fundraisin	g events		
2a b	Did the organization have a or key employees listed in If "Yes," list the ten highes	Form 990, Part VII)	or entity	ın connec	tion with professional f	fundraising services?	┌ Yes ┌ No	
	to be compensated at least				-, p		1-1-1-1-1-1-1	
	(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
Tota				.				
3	List all states in which the licensing	organization is regist	tered or li	censed to	solicit funds or has be	en notified it is exempt	from registration or	

		G (Form 990 or 990-EZ) 2012				Page 2
Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut			
		evente man grees receipte g	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through
			ANNUAL AWARD DINNER (event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	831,64	1		831,641
<u> </u>	2	Less Contributions	763,24	ı		763,241
<u>~</u>	3	Gross income (line 1 minus line 2)	68,400			68,400
	4	Cash prizes				
မှာ 48	5	Noncash prizes				
ensk ensk	6	Rent/facility costs				
Expenses	7	Food and beverages .	88,925	5		88,925
Direct	8	Entertainment	2,096	5		2,096
ā	9	Other direct expenses .	192,797	7		192,797
	10	Direct expense summary Add lin	es 4 through 9 in columr	n (d)		(283,818)
	11	Net income summary Combine Ii	ne 3, column (d), and line	e 10	•	-215,418
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir	rganızatıon answered ne 6a.	"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>동</u>	1	Gross revenue				
ses Ses	2	Cash prizes				
çben	3	Non-cash prizes				
Direct Expenses	4	Rent/facility costs				
<u></u>	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes ┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column ((d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	umn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming ac	tivities		
а		the organization licensed to operate				Fyes F No
b	If"	No," explain				
10a		re any of the organization's gaming l	licenses revoked, suspei	nded or terminated during	the tax year?	
b	1† "`	Yes," explain				

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address 🟲			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

> Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Compensation Information

Open to Public Inspection

Name of the organization INTERNATIONAL CRISIS GROUP **Employer identification number**

52-5170039

Pa	It I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown o	FW-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of	(F) Compensation
	(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	reported as deferred in prior Form 990
See Addıtıonal Data Table							

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

no complete this pare for any additional morniation						
Identifier	Return Reference	Explanation				
	,	THE FOLLOWING EMPLOYEES RECEIVED HOUSING ALLOWANCES, THAT WERE INCLUDED IN THEIR TAXABLE BENEFITS, DURING THE TAX YEAR LOUISE ARBOUR \$27,781 NICHOLAS GRONO \$25,000 JONATHAN PRENTICE \$29,943 SAMUEL CLAY JOHNSON \$16,586				
	PART I, LINE 4A	ROBERT TEMPLER RECEIVED A SEPERATION PAYMENT OF \$42,360 IN 2012				
	PART I, LINE 7	JOOST HILTERMAN RECEIVED A BONUS OF \$30,000 DURING THE TAX YEAR				

Schedule J (Form 990) 2012

Software ID: Software Version:

EIN: 52-5170039

Name: INTERNATIONAL CRISIS GROUP

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base Compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
LOUISE ARBOUR	(I) (II)		0	27,781 0	91,599 0	2,272 0	359,418 0	0 0
BRETT MOODY	(I) (II)		0	0	13,649 0	2,518 0	158,344 0	0
CAROLE CORCORAN	(I) (II)		0	0	8,202 0	5,455 0	177,692 0	0
ALAIN DELETROZ	(I) (II)		0	0	12,257 0	25,699 0	164,573 0	0
MARK SCHNEIDER	(I) (II)		0	0	8,400 0	7,532 0	183,887 0	0
NICHOLAS GRONO	(I) (II)		0	25,000 0	10,766 0	13,139 0	170,567 0	0
FABIENNE HARA	(I) (II)		0	0	8,300 0	5,720 0	180,025 0	0
JOOST HILTERMAN DEP PROG DIR	(I) (II)		30,000 0	0	10,466 0	9,974 0	184,768 0	0
EMMA CHERNIAVSKY	(I) (II)		0	0	8,339 0	0	159,120 0	0
ROBERT TEMPLER	(I) (II)		0	70,424 0	6,781 0	4,487 0	202,595 0	0
ROBERT MALLEY	(I) (II)		0	0	8,266 0	11,354 0	184,945 0	0
SABINE FREIZER	(I) (II)		0	0	5,540 0	20,984 0	156,548 0	0
WILLIAM LAWRENCE	(I) (II)		0	0	5,000 0	31,883 0	153,708 0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization INTERNATIONAL CRISIS GROUP

Employer identification number

52-5170039

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	FRANK GIUSTRA AND WESLEY CLARK HAVE A BUSINESS RELATIONSHIP

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	MANAGEMENT WORKED WITH EXTERNAL ACCOUNTANTS TO PREPARE AND REVIEW THE IRS FORM 990 THE CFO HAD PRIMARY RESPONSIBILITY FOR PREPARING THE FORM WHILE OTHER SENIOR STAFF PROVIDED DIRECT INPUT INTO ITS PREPARATION THE COMPLETED FORM WAS REVIEWED BY SENIOR STAFF (INCLUDING THE DIRECTOR OF HUMAN RESOURCES AND GENERAL COUNSEL), WHICH WAS THEN FINALIZED WITH THE EXTERNAL ACCOUNTANTS THE PRESIDENT AND CEO THEN REVIEWED THE FORM WITH THE FINANCE COMMITTEE WHICH REPORTED ITS APPROVAL TO THE EXECUTIVE COMMITTEE AND BOARD OF TRUSTEES ALL TRUSTEES WERE PROVIDED WITH AN ELECTRONIC LINK TO THE APPROVED FORM BEFORE FILING

Identifier R	Return Reference	Explanation
PA SE	ORM 990, ART VI, ECTION B, INE 12C	THE BOARD HAS ADOPTED A CONFLICT OF INTEREST POLICY WHICH IS APPLICABLE TO ALL TRUSTEES AND STAFF MEMBERS TRUSTEES ARE REQUIRED TO DISCLOSE TO ONE OF THE CO-CHAIRS, AND STAFF MEMBERS TO THE PRESIDENT AND CEO, ANY SITUATION WHICH IS OR MAY BECOME A CONFLICT OF INTEREST DIFFICULT OR CONTESTED MATTERS ARE DISCUSSED AND RESOLVED WITH THE EXECUTIVE COMMITTEE, FINANCE COMMITTEE, OR AUDIT COMMITTEE AS APPROPRIATE TRUSTEES ARE REQUIRED TO EXCUSE THEMSELVES FROM ANY DISCUSSIONS AND DECISIONS OF THE BOARD WHICH INVOLVE MATTERS THAT ARE OR MAY RESULT IN A CONFLICT OF INTEREST, AND THE MINUTES OF THE APPLICABLE MEETING REFLECT THE ABSTENTION, WITH THE VOTE NOT BEING COUNTED FOR PURPOSES OF DETERMINING THE QUORUM STAFF MEMBERS ARE REQUIRED TO SCRUPULOUSLY AVOID ANY CONFLICT BETWEEN THEIR OWN RESPECTIVE INDIVIDUAL INTERESTS AND THOSE OF CRISIS GROUP ALL TRUSTEES AND STAFF MEMBERS ARE REQUIRED TO SIGN ANNUALLY AN ACKNOWLEDGMENT AND CERTIFICATION REGARDING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THE SECRETARY MONITORS THE ENFORCEMENT OF THE POLICY FOR STAFF MEMBERS

Identifier Return Reference	Explanation e
FORM 990 PART VI, SECTION E LINE 15	THE PRESIDENT AND CEO IS THE TOP MANAGEMENT OFFICIAL OF CRISIS GROUP THE FINANCE OR EXECUTIVE COMMITTEE DETERMINES THE REASONABLENESS OF THE PRESIDENT AND CEO'S SALARY CONSISTENT WITH IRS REQUIREMENTS USING DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, AND KEEPS RECORDS AND CONTEMPORANEOUSLY DOCUMENTS THE DECISION THE EXECUTIVE COMMITTEE LAST DETERMINED THE REASONABLENESS OF THE PRESIDENT AND CEO'S COMPENSATION IN ACCORDANCE WITH IRS REQUIREMENTS IN SPRING OF 2011 THE PRESIDENT AND CEO IN CONSULTATION WITH THE CHIEF OF HUMAN RESOURCES SETS REASONABLE COMPENSATION FOR ALL STAFF MEMBERS, SUBJECT TO THE REQUIREMENT THAT THERE IS REASONABLE BASIS FOR SUCH COMPENSATION AND WHICH IS CONSISTENT WITH IRS REQUIREMENTS THE FINANCE COMMITTEE REVIEWS THE TOTAL COMPENSATION PACKAGE FOR ALL KEY EMPLOY EES TAKING INTO ACCOUNT INFORMATION FROM COMPARABLE ORGANISATIONS IF AVAILABLE, AND OTHER RELEVANT CIRCUMSTANCES, AND PREPARES A REPORT FOR THE EXECUTIVE COMMITTEE ON THE REASONABLENESS OF THE TOTAL COMPENSATION PACKAGE FOR CRISIS GROUPS KEY EMPLOYEES AND OFFICERS A GENERAL SALARY REVIEW WAS LAST COMPLETED IN JULY 2010 FOR ALL ICG STAFF WITH THE ASSISTANCE OF BIRCHES GROUP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	NET UNREALIZED/REALIZED LOSS ON EXCHANGE -69,632