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PUBLIC DISCLOSURE COPY

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2014

Prepared for	INTERNATIONAL CRISIS GROUP 1629 K STREET NW NO. 450 WASHINGTON, DC 20006
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo**

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

INTERNATIONAL CRISIS GROUP

52-5170039

Name and title of officer

**BRETT MOODY
TREASURER / CFO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>23,194,749.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **GELMAN, ROSENBERG & FREEDMAN** to enter my PIN **18885**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52697404552
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

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Name of exempt organization

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INTERNATIONAL CRISIS GROUP

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Name and title of officer

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Part I Type of Return and Return Information (Whole Dollars Only)

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1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b _____
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input checked="" type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____ 0.

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **GELMAN, ROSENBERG & FREEDMAN** to enter my PIN **18885**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

52697404552
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	INTERNATIONAL CRISIS GROUP		52-5170039	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
1629 K STREET NW	450	(202) 785-1601		
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		
WASHINGTON, DC 20006		25,949,962.		
F Name and address of principal officer: JEAN-MARIE GUEHENNO SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: WWW.CRISISGROUP.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1995 M State of legal domicile: DC		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE PART III, LINE 1.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 40	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 39	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 55	
	6 Total number of volunteers (estimate if necessary)	6 39	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 13,806,544.	Current Year: 21,379,513.
	9 Program service revenue (Part VIII, line 2g)	885,000.	1,353,051.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	664,674.	685,696.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-212,641.	-223,511.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,143,577.	23,194,749.
Expenses	13 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)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,152,856.	12,659,842.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,588,833.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,232,230.	6,065,554.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	20,385,086.	18,725,396.	
19 Revenue less expenses. Subtract line 18 from line 12	-5,241,509.	4,469,353.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 41,838,988.	End of Year: 48,474,485.
	21 Total liabilities (Part X, line 26)	1,696,917.	1,333,803.
	22 Net assets or fund balances. Subtract line 21 from line 20	40,142,071.	47,140,682.

Part II 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.

Sign Here	Signature of officer		Date		
	BRETT MOODY, TREASURER/CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008	Phone no. (301) 951-9090		
Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE INTERNATIONAL CRISIS GROUP (CRISIS GROUP) IS AN INDEPENDENT, PRIVATE MULTINATIONAL ORGANIZATION COMMITTED TO STRENGTHENING THE CAPACITY OF THE INTERNATIONAL COMMUNITY TO ANTICIPATE, UNDERSTAND AND ACT TO PREVENT AND CONTAIN DEADLY CONFLICT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,686,805. including grants of \$) (Revenue \$) CRISIS GROUPS ADVOCACY ENGAGES THE ENTIRE ORGANIZATION, REFLECTING OUR CUMULATIVE UNDERSTANDING OF HOW BEST TO TAILOR AND TARGET OUR MESSAGES TO THE UNIQUE POLICY CONTEXT OF VARIOUS LOCAL, REGIONAL AND INTERNATIONAL ACTORS. WHILE CRISIS GROUPS ADVOCACY EFFORTS ARE CUSTOMIZED TO ADDRESS EACH PARTICULAR CONFLICT SCENARIO, THEY CONSISTENTLY INFLUENCE AN ARRAY OF ACTORS/DECISION-MAKERS IN THE COUNTRY IN QUESTION, THOSE TO WHOM THEY LISTEN, AND THE SPECTRUM OF INFLUENTIAL INTERNATIONAL PLAYERS OR STAKEHOLDERS.

4b (Code:) (Expenses \$ 2,326,659. including grants of \$) (Revenue \$) ASIA CENTRAL ASIA: FROM BISHKEK, CRISIS GROUP COVERS CENTRAL ASIA WITH A PARTICULAR FOCUS ON TAJIKISTAN, KAZAKHSTAN AND KYRGYZSTAN BUT FOCUS, REGION WIDE, ON PROBLEMS SURROUNDING ENERGY DISPUTES, RISING NATIONALISM, THREATS FROM EXTREMISM AND THE ROLE THAT RUSSIA PLAYS IN THE REGION.

NORTH EAST ASIA: FROM SEOUL AND BEIJING, CRISIS GROUP EXAMINES POLICY OPTIONS FOR RESOLVING THE NORTH KOREAN NUCLEAR CRISIS, CONFLICT IN THE SOUTH AND EAST CHINA SEAS AND CHINA'S PERCEPTION AND APPROACH TO REGIONAL CONFLICTS, AS WELL AS ITS EXPANDING GLOBAL INFLUENCE, INCLUDING IN AFRICA.

4c (Code:) (Expenses \$ 2,994,071. including grants of \$) (Revenue \$) AFRICA CENTRAL AFRICA: CRISIS GROUP'S NAIROBI-BASED TEAM MONITORS AND REPORTS ON THE FRAGILE PROCESS OF RECONCILIATION IN THE DEMOCRATIC REPUBLIC OF CONGO, AS WELL AS CONTINUING CHALLENGES TO SECURITY IN BURUNDI, CAMEROON, CHAD AND THE CENTRAL AFRICAN REPUBLIC.

WEST AFRICA: CRISIS GROUP'S DAKAR-BASED ANALYSTS WATCH EVENTS CLOSELY IN GUINEA, GUINEA-BISSAU, MALI AND COTE D'IVOIRE AND MONITOR NIGER, BURKINA FASO, LIBERIA AND SIERRA LEONE. THE PROJECT ALSO COVERS NIGERIA AND EXAMINES POLITICAL ISSUES OF SUCCESSION, DEMOCRACY AND RISKS TO THE COUNTRY'S STABILITY AS A WHOLE, INCLUDING AS CONSEQUENCE OF THE EBOLA VIRUS.

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,855,842. including grants of \$) (Revenue \$ 1,353,051.)

4e Total program service expenses 14,863,377.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	X	
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

X

Main form body with questions 1a through 14b and Yes/No columns. Includes sub-questions like 1a, 1b, 2a, 2b, etc.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	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.		
	40		
b	Enter the number of voting members included in line 1a, above, who are independent		
	39		
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?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
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?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **BRETT MOODY - 32-2-502-90-38**
LEVEL 14, 149 AVE LOUISE, 1050, BRUSSELS, BELGIUM

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

Check if Schedule O contains a response or note to any line 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 year.

- 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, and 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) Average hours per week (list any hours for related organizations below line)	(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOUISE ARBOUR PRESIDENT & CEO (UNTIL 6/30/2014)	39.00	X		X				266,595.	0.	97,490.
(2) THOMAS PICKERING CHAIR	2.00	X		X				0.	0.	0.
(3) AYO OBE VICE CHAIR	2.00	X		X				0.	0.	0.
(4) GHASSAN SALAME VICE CHAIR	2.00	X		X				0.	0.	0.
(5) MORTON ABRAMOWITZ TRUSTEE	2.00	X						0.	0.	0.
(6) CHERYL CAROLUS TRUSTEE	2.00	X						0.	0.	0.
(7) MARIA LIVANOS CATTALI TRUSTEE	2.00	X						0.	0.	0.
(8) EMMA BONINO TRUSTEE	2.00	X						0.	0.	0.
(9) FRANK GIUSTRA TRUSTEE	2.00	X						0.	0.	0.
(10) GEORGE SOROS TRUSTEE	2.00	X						0.	0.	0.
(11) PAR STENBACK TRUSTEE	2.00	X						0.	0.	0.
(12) KOFI ANNAN TRUSTEE	2.00	X						0.	0.	0.
(13) WESLEY CLARK TRUSTEE	2.00	X						0.	0.	0.
(14) MARK EYSKENS TRUSTEE	2.00	X						0.	0.	0.
(15) JOSCHKA FISCHER TRUSTEE	2.00	X						0.	0.	0.
(16) LENA HJELM-WALLEN TRUSTEE	2.00	X						0.	0.	0.
(17) WIM KOK TRUSTEE	2.00	X						0.	0.	0.

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 for related organizations below line)	(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RICARDO LAGOS TRUSTEE	2.00	X						0.	0.	0.
(19) JOANNE LEEDOM-ACKERMAN TRUSTEE	2.00	X						0.	0.	0.
(20) NAHUM BARNEA TRUSTEE	2.00	X						0.	0.	0.
(21) SAMUEL BERGER TRUSTEE	2.00	X						0.	0.	0.
(22) SHEILA CORONEL TRUSTEE	2.00	X						0.	0.	0.
(23) PAUL REYNOLDS TRUSTEE	2.00	X						0.	0.	0.
(24) JEAN-MARIE GUEHENNO TRUSTEE	2.00	X						0.	0.	0.
(25) MO IBRAHIM TRUSTEE	2.00	X						0.	0.	0.
(26) ASMA JAHANGIR TRUSTEE	2.00	X						0.	0.	0.
1b Sub-total								266,595.	0.	97,490.
c Total from continuation sheets to Part VII, Section A								2,302,280.	0.	238,289.
d Total (add lines 1b and 1c)								2,568,875.	0.	335,779.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **32**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 for related organizations below line)	(C) Position (check all that apply)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LORD (MARK) MALLOCH-BROWN TRUSTEE	2.00	X						0.	0.	0.
(28) LALIT MANSINGH TRUSTEE	2.00	X						0.	0.	0.
(29) BENJAMIN MKAPA TRUSTEE	2.00	X						0.	0.	0.
(30) JAVIER SOLANA TRUSTEE	2.00	X						0.	0.	0.
(31) LAWRENCE SUMMERS TRUSTEE	2.00	X						0.	0.	0.
(32) MICHELINE CALMY REY TRUSTEE	2.00	X						0.	0.	0.
(33) LYKKE FRIIS TRUSTEE	2.00	X						0.	0.	0.
(34) WADAH KHANFAR TRUSTEE	2.00	X						0.	0.	0.
(35) LAURENCE PARISOT TRUSTEE	2.00	X						0.	0.	0.
(36) KARIM RASLAN TRUSTEE	2.00	X						0.	0.	0.
(37) LIV MONICA STUBHOLT TRUSTEE	2.00	X						0.	0.	0.
(38) WANG JISI TRUSTEE	2.00	X						0.	0.	0.
(39) WU JIANMIN TRUSTEE	2.00	X						0.	0.	0.
(40) LIONEL ZINSOU TRUSTEE	2.00	X						0.	0.	0.
(41) BRETT MOODY TREASURER/CFO	39.00			X				149,779.	0.	17,543.
(42) CAROLE CORCORAN SEC./LEGAL COUNSEL & DIR. OF SP. PR.	40.00			X				168,286.	0.	13,861.
(43) ALAIN DELETROZ VP (EUROPE) (UNTIL 7/1/2013)	39.00			X				204,786.	0.	36,393.
(44) MARK SCHNEIDER SR. VP & SPEC. ADVIS. LATIN AMERICA	40.00			X				172,306.	0.	16,416.
(45) JONATHAN GREENWALD VICE PRESIDENT (PUBLICATIONS)	40.00			X				128,977.	0.	7,454.
(46) JOOST HILTERMAN CHIEF OPERATING OFFICER	39.00			X				205,500.	0.	27,423.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,445,763.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	15,875,534.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,058,216.				
	g Noncash contributions included in lines 1a-1f: \$		80,522.				
	h Total. Add lines 1a-1f		21,379,513.				
	Program Service Revenue	2 a MIDDLE EAST AND NORTH AFRICA	Business Code 900099	685,029.	685,029.		
b LATIN AMERICA		900099	379,903.	379,903.			
c EUROPE		900099	288,119.	288,119.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,353,051.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		395,581.			395,581.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities		2,752,727.			
		(ii) Other		465.			
		b Less: cost or other basis and sales expenses		2,463,077.	0.		
		c Gain or (loss)		289,650.	465.		
	d Net gain or (loss)		290,115.			290,115.	
	8 a Gross income from fundraising events (not including \$ 1,445,763. of contributions reported on line 1c). See Part IV, line 18	a		68,625.			
		b Less: direct expenses		292,136.			
c Net income or (loss) from fundraising events			-223,511.			-223,511.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			23,194,749.	1,353,051.	0.	462,185.	

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,076,167.	887,427.	997,732.	191,008.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	7,964,998.	7,025,567.	287,039.	652,392.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	364,961.	307,687.	17,279.	39,995.
9 Other employee benefits	1,188,685.	1,052,953.	78,048.	57,684.
10 Payroll taxes	1,065,031.	760,870.	197,596.	106,565.
11 Fees for services (non-employees):				
a Management				
b Legal	50,170.	37,804.	8,869.	3,497.
c Accounting	382,304.	263,072.	88,598.	30,634.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	1,142,978.	801,272.	200,345.	141,361.
14 Information technology	87,386.	55,713.	24,034.	7,639.
15 Royalties				
16 Occupancy	1,239,750.	941,251.	180,269.	118,230.
17 Travel	1,776,042.	1,508,506.	120,502.	147,034.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	34,520.	1,546.	52.	32,922.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,885.	46,805.	3,890.	3,190.
23 Insurance	1,206,389.	1,110,329.	48,102.	47,958.
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	39,451.	25,932.	9,172.	4,347.
b CREDIT CARD FEES	35,725.	22,781.	9,816.	3,128.
c MISCELLANEOUS	16,954.	13,862.	1,843.	1,249.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	18,725,396.	14,863,377.	2,273,186.	1,588,833.
26 Joint costs. Complete this line only if the organization 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

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	2,881,160.	1	4,519,814.	
	2 Savings and temporary cash investments	1,395,815.	2	2,766,164.	
	3 Pledges and grants receivable, net	9,132,952.	3	12,283,724.	
	4 Accounts receivable, net	46,650.	4	30,265.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	630,999.	9	633,654.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,130,621.			
	b Less: accumulated depreciation	10b 1,079,539.	92,161.	10c 51,082.	
	11 Investments - publicly traded securities	27,469,715.	11	28,022,374.	
	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	189,536.	15	167,408.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	41,838,988.	16	48,474,485.		
Liabilities	17 Accounts payable and accrued expenses	1,696,917.	17	1,333,803.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		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		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 X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	1,696,917.	26	1,333,803.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	30,166,187.	27	33,062,621.	
	28 Temporarily restricted net assets	9,875,884.	28	13,978,061.	
	29 Permanently restricted net assets	100,000.	29	100,000.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	40,142,071.	33	47,140,682.	
34 Total liabilities and net assets/fund balances	41,838,988.	34	48,474,485.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,194,749.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,725,396.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,469,353.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,142,071.
5	Net unrealized gains (losses) on investments	5	1,869,046.
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	660,212.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,140,682.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2013

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization <p align="center">INTERNATIONAL CRISIS GROUP</p>	Employer identification number <p align="center">52-5170039</p>
---	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

Part II 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 in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,816,897.	17,427,944.	16,489,290.	13,806,544.	21,379,513.	92,920,188.
2 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						
4 Total. Add lines 1 through 3	23,816,897.	17,427,944.	16,489,290.	13,806,544.	21,379,513.	92,920,188.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,356,859.
6 Public support. Subtract line 5 from line 4.						84,563,329.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	23,816,897.	17,427,944.	16,489,290.	13,806,544.	21,379,513.	92,920,188.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74,325.	62,618.	165,349.	415,596.	395,581.	1,113,469.
9 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 capital assets (Explain in Part IV.)	3,587.	751.	11,586.	2,777.		18,701.
11 Total support. Add lines 7 through 10						94,052,358.
12 Gross receipts from related activities, etc. (see instructions)					12	2,238,051.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	89.91	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	83.19	%
16a 33 1/3% support test - 2013. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. 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 supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2013

Part III 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 in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b 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 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.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

INTERNATIONAL CRISIS GROUP

Employer identification number

52-5170039

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization INTERNATIONAL CRISIS GROUP	Employer identification number 52-5170039
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>3,902,185.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>547,361.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>2,601,457.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>1,516,405.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>4,010,494.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>1,206,945.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL CRISIS GROUP	Employer identification number 52-5170039
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>575,373.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ <u>495,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/> <hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization INTERNATIONAL CRISIS GROUP	Employer identification number 52-5170039
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization INTERNATIONAL CRISIS GROUP	Employer identification number 52-5170039
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public 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 organization INTERNATIONAL CRISIS GROUP	Employer identification number 52-5170039
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 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).

- 1 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 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 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 ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 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.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		40,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			40,000.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, 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).		
a Current year	2a	
b Carryover from last year	2b	
c 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 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

EXPLANATION: AS AN INTEGRAL PART OF OUR TAX EXEMPT PURPOSE AND IN THE REGULAR COURSE OF PURSUING THAT PURPOSE, REPRESENTATIVES OF CRISIS GROUP AT TIMES HAVE DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENT OFFICIALS. THE PURPOSE OF THOSE CONTACTS IS TO DISCUSS OUR PUBLISHED REPORTS AND BRIEFING PAPERS, AVAILABLE TO THE PUBLIC

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: INTERNATIONAL CRISIS GROUP; Employer identification number: 52-5170039

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held at the end of the tax year (lines 2a-2d), and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,389,357.	27,080,800.	26,959,322.	26,948,071.	23,718,702.
b Contributions	20,000.	20,000.	120,000.	20,000.	247,000.
c Net investment earnings, gains, and losses	2,344,287.	1,235,529.	1,478.	-8,749.	2,982,369.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,796,408.	946,972.			
f Administrative expenses					
g End of year balance	27,957,236.	27,389,357.	27,080,800.	26,959,322.	26,948,071.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 99.59 %
- b Permanent endowment .41 %
- c Temporarily restricted endowment _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		709,242.	685,574.	23,668.
e Other		421,379.	393,965.	27,414.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				51,082.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-H).

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and other liabilities.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	25,804,339.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,869,046.
b	Donated services and use of facilities	2b	449,057.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	292,136.
e	Add lines 2a through 2d	2e	2,610,239.
3	Subtract line 2e from line 1	3	23,194,100.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	649.
c	Add lines 4a and 4b	4c	649.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,194,749.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	19,465,940.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	449,057.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	292,136.
e	Add lines 2a through 2d	2e	741,193.
3	Subtract line 2e from line 1	3	18,724,747.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	649.
c	Add lines 4a and 4b	4c	649.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,725,396.

Part XIII Supplemental Information.

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.

PART V, LINE 4:

EXPLANATION: 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 USE, (TRANSITIONAL OR EMERGENCY PURPOSES, OR TO TAKE ADVANTAGE OF SPECIAL OPPORTUNITIES) ONLY IN EXCEPTIONAL CIRCUMSTANCES.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

EXPLANATION: FOR THE YEAR ENDED JUNE 30, 2014, 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	292,136.
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	465.
THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE	
ON FORM 990, PART VIII, LINE 7D.	
INTEREST REVENUE NETTED AGAINST EXPENSES ON FINANCIAL	184.
STATEMENTS AND REPORTED AS REVENUE ON FORM 990, PART VIII, LINE 3.	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	649.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES INCLUDED AS EXPENSE ON	292,136.
FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE ON	
FORM 990, PART VIII, LINE 8B.	

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON DISPOSAL OF FIXED ASSETS, SHOWN AS EXPENSE ON 465.

THE FINANCIAL STATEMENTS AND NETTED AGAINST REVENUE

ON FORM 990, PART VIII, LINE 7D.

INTEREST REVENUE NETTED AGAINST EXPENSES ON FINANCIAL 184.

STATEMENTS AND REPORTED AS REVENUE ON FORM 990, PART VIII, LINE 3.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 649.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: **INTERNATIONAL CRISIS GROUP** Employer identification number: **52-5170039**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities 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
CENTRAL AMERICA AND THE CARIBBEAN	1	1	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	425,574.
EAST ASIA AND THE PACIFIC	3	6	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	1,010,127.
EUROPE	2	3	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	580,846.
NORTH AMERICA	1	2	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	115,939.
MIDDLE EAST AND NORTH AFRICA	1	17	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	2,325,506.
RUSSIA AND THE NEWLY INDEPENDENT STATES	3	6	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	1,000,017.
SOUTH AMERICA	1	3	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	407,496.
SOUTH ASIA	2	10	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	1,316,533.
3 a Sub-total	14	48			7,182,038.
b Total from continuation sheets to Part I	5	57			8,533,236.
c Totals (add lines 3a and 3b)	19	105			15,715,274.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(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
SUB-SAHARAN AFRICA	3	22	PROGRAM SERVICES	SEE DESCRIPTION CONTINUED ON PART V	2,994,070.
EUROPE	0	27	MANAGEMENT & GENERAL		4,485,442.
NORTH AMERICA	0	1	FUNDRAISING		62,437.
EUROPE	2	5	FUNDRAISING		809,503.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	1	MANAGEMENT & GENERAL		113,175.
SUB-SAHARAN AFRICA	0	1	MANAGEMENT & GENERAL		68,609.
Totals	5	57			8,533,236.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the 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)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may 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)* Yes 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)* Yes No
- 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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 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)* Yes No
- 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)* Yes No

Schedule F (Form 990) 2013

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3, COLUMN (E):

EXPLANATION: REGION: CENTRAL AMERICA AND THE CARIBBEAN

CENTRAL AMERICA: CRISIS GROUP RESEARCHES THE LEGACY OF GUATEMALA'S CIVIL WAR AND THE EFFECT OF TRANSNATIONAL ORGANIZED CRIME ON THE COUNTRY'S INSTITUTIONS.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND PACIFIC

NORTH EAST ASIA: FROM SEOUL AND BEIJING, CRISIS GROUP EXAMINES POLICY OPTIONS FOR RESOLVING THE NORTH KOREA NUCLEAR CRISIS, CONFLICT IN THE SOUTH AND EAST CHINA SEAS AND CHINA'S PERCEPTION AND APPROACH TO REGIONAL CONFLICTS, AS WELL AS ITS EXPANDING GLOBAL INFLUENCE, INCLUDING IN AFRICA.

SOUTH EAST ASIA: CRISIS GROUP REPORTED ON INDONESIA'S POLITICAL DEVELOPMENTS. ANALYSTS ALSO FOCUS ON THAILAND'S SOUTHERN INSURGENCY AND DOMESTIC POLITICAL TURMOIL, THE TRANSITION IN MYANMAR AND THE PHILIPPINES.

PART I, LINE 3, COLUMN (E):

REGION: EUROPE

BALKANS: CRISIS GROUP CONTINUES TO TRACK THE EVOLUTION OF KOSOVO'S INDEPENDENCE AND THE REFORM CHALLENGES FACING BOSNIA AND HERZEGOVINA.

TURKEY/CYPRUS: CRISIS GROUP'S ISTANBUL BASED ANALYSTS RESEARCH EU

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

TURKEY RELATIONS, TURKEY'S CONTRIBUTIONS TO GLOBAL AND REGIONAL SECURITY AS WELL AS DOMESTIC REFORMS AND ITS ONGOING KURDISH INSURGENCY AND THE CYPRUS CONFLICT.

PART I, LINE 3, COLUMN (E):

REGION: NORTH AMERICA

MEXICO: CRISIS GROUP COVERS THE DRUG-RELATED VIOLENCE IN MEXICO AND ITS IMPACT ON GOVERNANCE.

PART I, LINE 3, COLUMN (E):

REGION: MIDDLE EAST AND NORTH AFRICA

ARAB ISRAELI CONFLICT: CRISIS GROUP ANALYSTS IN THE REGION CLOSELY MONITOR DEVELOPMENTS IN ISRAEL AND PALESTINE FOCUSING ON THE STATE OF THE 'PEACE PROCESS' AND POLITICAL TRANSITION STRATEGIES.

IRAQ/SYRIA/LEBANON: CRISIS GROUP CLOSELY COVERS THE WAR IN SYRIA, INTERNAL DEVELOPMENTS IN LEBANON AND RELATIONS BETWEEN SYRIA AND LEBANON. IT ALSO COVERS GOVERNANCE AND SECURITY IN IRAQ.

IRAN/GULF STATES: CRISIS GROUP CLOSELY COVERS THE NEGOTIATIONS OVER IRAN'S NUCLEAR PROGRAM. IT ALSO COVERS YEMEN, EXAMINING THE COUNTRY'S FRAGILITY AND THE RENEWED CONFLICT IN THE SOUTH.

NORTH AFRICA: CRISIS GROUP REPORTS ON THE TRANSITIONS IN EGPYPT, LIBYA AND TUNISIA.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART I, LINE 3, COLUMN (E):

EXPLANATION: REGION: MIDDLE EAST AND NORTH AFRICA

ARAB ISRAELI CONFLICT: CRISIS GROUP ANALYSTS IN THE REGION CLOSELY

MONITOR DEVELOPMENTS IN ISRAEL AND PALESTINE, FOCUSING ON THE STATE OF

THE 'PEACE PROCESS' AND POLITICAL TRANSITION STRATEGIES.

IRAQ/SYRIA/LEBANON: CRISIS GROUP CLOSELY COVERS THE WAR IN SYRIA,

INTERNAL DEVELOPMENTS IN LEBANON AND RELATIONS BETWEEN SYRIA AND

LEBANON. IT ALSO COVERS GOVERNANCE AND SECURITY IN IRAQ.

IRAN/GULF STATES: CRISIS GROUP CLOSELY COVERS THE NEGOTIATIONS OVER

IRAN'S NUCLEAR PROGRAM. IT ALSO COVERS YEMEN, EXAMINING THE COUNTRY'S

FRAGILITY AND THE RENEWED CONFLICT IN THE SOUTH.

NORTH AFRICA: CRISIS GROUP REPORTS ON THE TRANSITIONS IN EGYPT, LIBYA

AND TUNISIA.

PART I, LINE 3, COLUMN (E):

REGION: RUSSIA AND NEWLY INDEPENDENT STATES

CENTRAL ASIA: FROM BISHKEK, CRISIS GROUP COVERS CENTRAL ASIA WITH A

PARTICULAR FOCUS ON TAJIKISTAN, KAZAKHSTAN AND KYRGYZSTAN BUT FOCUS,

REGION WIDE, ON PROBLEMS SURROUNDING ENERGY DISPUTES, RISING

NATIONALISM, THREATS FROM EXTREMISM AND THE ROLE THAT RUSSIA PLAYS IN

THE REGION.

SOUTH CAUCASUS: CRISIS GROUP COVERED GEORGIA'S POLITICAL AND ECONOMIC

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

REFORMS AND ITS TROUBLED REGIONS OF SOUTH OSSETIA AND ABKHAZIA,
DOMESTIC DEVELOPMENTS IN AZERBAIJAN, ARMENIA, AND THE NAGORNO-KARABAKH
CONFLICT.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH AMERICA

COLOMBIA/ANDES: CRISIS GROUP WORKS TO REDUCE CONFLICT IN COLUMBIA AND
VENEZUELA BY ANALYZING CONFLICT RELATED DEVELOPMENTS IN THOSE
COUNTRIES.

PART I, LINE 3, COLUMN (E):

REGION: SOUTH ASIA

CRISIS GROUP ADDRESSES THE SECURITY AND POLITICAL TRANSITION IN
AFGHANISTAN, GOVERNANCE, EXTREMISM AND SECTARIAN VIOLENCE IN PAKISTAN,
THE SITUATION IN KASHMIR, AND THE GROWING AUTHORITARIANISM AND LEGACY
OF THE CIVIL CONFLICT IN SRI LANKA. IT ALSO COVERS THE POLITICAL CRISIS
IN BANGLADESH.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

WEST AFRICA: CRISIS GROUP'S DAKAR-BASED ANALYSTS WATCH EVENTS CLOSELY IN GUINEA, GUINEA-BISSAU, MALI AND COTE D'IVOIRE AND MONITOR NIGER, BURKINA FASO, LIBERIA AND SIERRA LEONE. THE PROJECT ALSO COVERS NIGERIA AND EXAMINES POLITICAL ISSUES OF SUCCESSION, DEMOCRACY AND RISKS TO THE COUNTRY'S STABILITY AS A WHOLE, INCLUDING AS CONSEQUENCE OF THE EBOLA VIRUS.

HORN OF AFRICA: CRISIS GROUP'S REGION-BASED ANALYSTS FOCUS ON DEVELOPMENTS IN SUDAN AND CIVIL CONFLICT IN SOUTH SUDAN AS WELL AS TENSIONS IN THE REGIONS EACH SIDE OF THE BORDER BETWEEN THE TWO SUDANS. ELSEWHERE THE PROJECT REPORTS ON 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 ROLE IN THE REGION. THE PROJECT REPORTS ON THE CRISIS IN MADAGASCAR, MONITORS DEVELOPMENTS IN MOZAMBIQUE AND ANGOLA AND THE CAPACITY OF THE REGIONAL ORGANIZATION, SADC, AND ALSO ENGAGES IN HIGH LEVEL ADVOCACY WITH THE SOUTH AFRICAN GOVERNMENT AND THE SADC.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL AWARD DINNER		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,514,388.			1,514,388.
	2 Less: Contributions	1,445,763.			1,445,763.
	3 Gross income (line 1 minus line 2)	68,625.			68,625.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	162,176.			162,176.
	8 Entertainment	6,838.			6,838.
	9 Other direct expenses	123,122.			123,122.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				292,136.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-223,511.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

INTERNATIONAL CRISIS GROUP

Employer identification number

52-5170039

Part I Questions Regarding Compensation

		Yes	No								
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%;"><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>b If any of the boxes on 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</p>	1b	X									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	X									
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X									
	4b		X								
	4c		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a		X								
	5b		X								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a		X								
	6b		X								
<p>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</p>	7		X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

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 of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LOUISE ARBOUR PRESIDENT & CEO (UNTIL 6/30/2014)	(i)	266,595.	0.	0.	94,343.	3,147.	364,085.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BRETT MOODY TREASURER/CFO	(i)	149,779.	0.	0.	14,701.	2,842.	167,322.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CAROLE CORCORAN SEC./LEGAL COUNSEL & DIR. OF SP. PR.	(i)	168,286.	0.	0.	8,414.	5,447.	182,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ALAIN DELETROZ VP (EUROPE) (UNTIL 7/1/2013)	(i)	97,828.	0.	106,958.	16,001.	20,392.	241,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARK SCHNEIDER SR. VP & SPEC. ADVIS. LATIN AMERICA	(i)	172,306.	0.	0.	8,615.	7,801.	188,722.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOOST HILTERMAN CHIEF OPERATING OFFICER	(i)	205,500.	0.	0.	13,479.	13,944.	232,923.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JONATHAN PRENTICE CHIEF POLICY OFFICER	(i)	151,426.	0.	0.	10,159.	2,844.	164,429.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) EMMA CHERNIAVSKY CHIEF DEV. OFFICER (UNTIL 6/30/2014)	(i)	149,967.	0.	0.	4,900.	6,286.	161,153.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ROBERT MALLEY MENA PROGRAM DIR. (UNTIL 2/19/2014)	(i)	169,609.	0.	0.	8,481.	9,931.	188,021.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PAUL QUINN-JUDGE EUROPE AND CENTRAL ASIA PROG. DIR.	(i)	146,450.	0.	0.	7,323.	6,127.	159,900.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) SABINE FREIZER EUROPE PROG. DIR. (UNTIL 5/16/2013)	(i)	127,012.	0.	14,774.	1,787.	10,847.	154,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) COMFORT ERO AFRICA PROGRAM DIRECTOR	(i)	148,895.	0.	0.	6,750.	2,808.	158,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAVIER CIURLIZZA LATIN AMERICA & CARRIBEAN PROG. DIR.	(i)	137,370.	0.	0.	7,200.	7,461.	152,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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.

PART I, LINE 1A:

EXPLANATION: THE FOLLOWING EMPLOYEES RECEIVED HOUSING ALLOWANCES, THAT WERE INCLUDED IN THEIR TAXABLE BENEFITS, DURING THE TAX YEAR:

LOUISE ARBOUR \$29,520

JONATHAN PRENTICE \$31,326

SAMUEL CLAY JOHNSON \$19,090

JOOST HILTERMANN \$21,239

PART I, LINE 4A:

EXPLANATION: ALAIN DELETROZ RECEIVED A SEPERATION PAYMENT OF \$106,958.

SABINE FREIZER RECEIVED A SEPARATION PAYMENT OF \$14,774.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization **INTERNATIONAL CRISIS GROUP** Employer identification number **52-5170039**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	6	80,522.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2013)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THIS COLUMN REPRESENTS THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for supplemental information.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

INTERNATIONAL CRISIS GROUP

Employer identification number

52-5170039

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SOUTH EAST ASIA: CRISIS GROUP REPORTED ON INDONESIA'S POLITICAL DEVELOPMENTS. ANALYSTS ALSO FOCUS ON THAILAND'S SOUTHERN INSURGENCY AND DOMESTIC POLITICAL TURMOIL, THE TRANSITION IN MYANMAR AND THE PHILIPPINES.

SOUTH ASIA: CRISIS GROUP ADDRESSES THE SECURITY AND POLITICAL TRANSITION IN AFGHANISTAN, GOVERNANCE, EXTREMISM AND SECTARIAN VIOLENCE IN PAKISTAN, THE SITUATION IN KASHMIR, AND THE GROWING AUTHORITARIANISM AND LEGACY OF THE CIVIL CONFLICT IN SRI LANKA. IT ALSO COVERS THE POLITICAL CRISIS IN BANGLADESH.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HORN OF AFRICA: CRISIS GROUP'S REGION-BASED ANALYSTS FOCUS ON DEVELOPMENTS IN SUDAN AND CIVIL CONFLICT IN SOUTH SUDAN, AS WELL AS TENSIONS IN THE REGIONS EACH SIDE OF THE BORDER BETWEEN THE TWO SUDANS. ELSEWHERE THE PROJECT REPORTS ON 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 ROLE IN THE REGION. THE PROJECT REPORTS ON THE CRISIS IN MADAGASCAR, MONITORS DEVELOPMENTS IN MOZAMBIQUE AND ANGOLA AND THE CAPACITY OF THE REGIONAL ORGANIZATION,

Name of the organization INTERNATIONAL CRISIS GROUP	Employer identification number 52-5170039
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SADC, AND ALSO ENGAGES IN HIGH LEVEL ADVOCACY WITH THE SOUTH AFRICAN GOVERNMENT AND THE SADC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MIDDLE EAST AND NORTH AFRICA

ARAB ISRAELI CONFLICT: CRISIS GROUP ANALYSTS IN THE REGION CLOSELY MONITOR DEVELOPMENTS IN ISRAEL AND PALESTINE FOCUSING ON THE STATE OF THE 'PEACE PROCESS' AND POLITICAL TRANSITION STRATEGIES.

IRAQ/SYRIA/LEBANON: CRISIS GROUP CLOSELY COVERS THE WAR IN SYRIA, INTERNAL DEVELOPMENTS IN LEBANON AND IT ALSO COVERS GOVERNANCE AND SECURITY IN IRAQ.

IRAN/GULF STATES: CRISIS GROUP CLOSELY COVERS THE NEGOTIATIONS OVER IRAN'S NUCLEAR PROGRAM. IT ALSO COVERS YEMEN, EXAMINING THE COUNTRY'S FRAGILITY AND THE RENEWED CONFLICT IN THE SOUTH.

NORTH AFRICA: CRISIS GROUP REPORTS ON THE TRANSITIONS IN EGYPT, LIBYA AND TUNISIA.

EXPENSES \$ 2,327,255. INCLUDING GRANTS OF \$ 0. REVENUE \$ 685,029.

EUROPE AND CENTRAL ASIA PROGRAM

EXPENSES \$ 1,578,078. INCLUDING GRANTS OF \$ 0. REVENUE \$ 288,119.

LATIN AMERICA PROGRAM

EXPENSES \$ 950,509. INCLUDING GRANTS OF \$ 0. REVENUE \$ 379,903.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

Name of the organization INTERNATIONAL CRISIS GROUP	Employer identification number 52-5170039
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AFGHANISTAN, BELGIUM, COLOMBIA, GEORGIA,
INDONESIA, KENYA, SOUTH KOREA, KYRGYZSTAN,
OTHER COUNTRY, PAKISTAN, RUSSIA, SENEGAL,
SOUTH AFRICA, TURKEY

FORM 990, PART VI, SECTION A, LINE 2:

EXPLANATION: - JOSHUA FINK AND FRANK GIUSTRA HAVE A BUSINESS RELATIONSHIP.
- JOSHUA FINK AND PAUL REYNOLDS HAVE A BUSINESS RELATIONSHIP.
- FRANK GIUSTRA AND PAUL REYNOLDS HAVE A BUSINESS RELATIONSHIP.
- FRANK GIUSTRA AND WESLEY CLARK HAVE A BUSINESS RELATIONSHIP.
- TOM PICKERING AND CARLA HILLS HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: 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, 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 BOARD OF DIRECTORS WHO WERE PROVIDED WITH AN ELECTRONIC LINK TO THE APPROVED FORM BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: 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

Name of the organization INTERNATIONAL CRISIS GROUP	Employer identification number 52-5170039
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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 TRUSTEES AND THE DIRECTOR OF HUMAN RESOURCES MONITORS ENFORCEMENT OF THE POLICY FOR STAFF MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE PRESIDENT AND CEO, IN CONSULTATION WITH THE CHIEF OF HUMAN RESOURCES, SETS THE COMPENSATION OF SENIOR EMPLOYEES AND DETERMINES THAT SUCH COMPENSATION IS REASONABLE TAKING INTO ACCOUNT COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS, AND THEN SENDS THE APPROVED COMPENSATION PACKAGES AND COMPARABILITY DATA TO THE FINANCE COMMITTEE FOR ITS APPROVAL. THE FINANCE COMMITTEE'S REVIEW AND APPROVAL ARE REPORTED TO THE FULL BOARD. THE CEO MOST RECENTLY CONSIDERED THE REASONABLENESS OF THE COMPENSATION OF SENIOR EMPLOYEES CONSISTENT WITH THE ABOVE POLICY AND PROCEDURES AND SENT THE APPROVED COMPENSATION PACKAGES AND COMPARABILITY DATA TO THE FINANCE COMMITTEE, WHICH REVIEWED THE COMPENSATION PACKAGE AND COMPARABILITY DATA AND APPROVED THOSE COMPENSATION PACKAGES AS REASONABLE ON DECEMBER 18, 2014, RETROACTIVE TO JULY 1, 2014. THE DELIBERATION AND DECISION OF THE FINANCE COMMITTEE WAS CONTEMPORANEOUSLY DOCUMENTED AND WILL BE REPORTED TO

Name of the organization INTERNATIONAL CRISIS GROUP	Employer identification number 52-5170039
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THE FULL BOARD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AR, CA, CO, CT, FL, GA, IL, MA, MD, MI, NJ, NY, OH, PA, VA, WA, AL, AK, HI, KS, WI, WV, RI, SC, TN
 VT, KY, ME, MN, MS, OR, NH, NM, NC, ND, OK

FORM 990, PART VI, SECTION C, LINE 19:
 EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF
 INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
 REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 NET UNREALIZED/REALIZED LOSS ON EXCHANGE 660,212.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. INTERNATIONAL CRISIS GROUP	Employer identification number (EIN) or 52-5170039
	Number, street, and room or suite no. If a P.O. box, see instructions. 1629 K STREET NW, NO. 450	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

BRETT MOODY

• The books are in the care of **LEVEL 14, 149 AVE LOUISE, 1050 - BRUSSELS BELGIUM**

Telephone No. **32-2-502-90-38** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **MAY 15, 2015**.
- For calendar year , or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension
AN EXTENSION OF TIME TO FILE IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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

Signature Title Date