Form **990**

Department of the Treasury Internal Revenue Service

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

16

OMB No. 1545-0047

▶ 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

| А | רטו נוו | e 20 to calendar year, or tax year beginning and | a enaing | _ | |
|-------------------------|-------------------|---|----------------|------------------------------|-------------------------------|
| В | Check if applicab | C Name of organization | | D Employer identific | cation number |
| | Addre | | | | |
| | Name chan | Doing business as | | 30-0 | 060905 |
| | Initial returr | | Room/suite | E Telephone numbe | r |
| | Final returr | | | | 487-1400 |
| | termi ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,620,378. |
| | Amer returr | 51: HOOLS, MO 03131-0107 | | H(a) Is this a group re | eturn |
| | Appli | F Name and address of principal officer:PATRICK BRADLEY | | for subordinates | ? Yes X No |
| | pend | ^{ng} same as C above | | H(b) Are all subordinates in | ncluded? Yes No |
| ī | Tax-ex | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1 |) or 527 | 1 | list. (see instructions) |
| J | Websi | te:▶ www.crisisaid.org | | H(c) Group exemptio | n number 🕨 |
| K | Form o | forganization: X Corporation Trust Association Other | L Year | | State of legal domicile: MO |
| | art I | Summary | | | |
| _ | 1 | Briefly describe the organization's mission or most significant activities: PROV | /IDE AI | D IN THE UN | ITED STATES |
| Activities & Governance | | AND INTERNATIONALLY | | | |
| ž | 2 | Check this box if the organization discontinued its operations or disp | osed of more | than 25% of its net as | ssets. |
| ŏ | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 7 |
| <u>ح</u> | 4 | Number of independent voting members of the governing body (Part VI, line 1b) |) | 4 | 5 |
| es 6 | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | 5 | 0 |
| ξ | 6 | Total number of volunteers (estimate if necessary) | | 6 | 210 |
| Ę | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| _ | | Net unrelated business taxable income from Form 990-T, line 34 | | | 0. |
| Revenue | | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 3,066,680. | 2,619,222. |
| | 9 | Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 1,156. |
| Œ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,066,680. | 2,620,378. |
| | 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. |
| Ş | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 |) | 434,959. | 443,735. |
| Expenses | 16a | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) | | 0. | 0. |
| ğ | b | Total fundraising expenses (Part IX, column (D), line 25) > 29, 7 | 706. 🦳 | | |
| Ш | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,967,686. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,402,645. | 2,225,357. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 664,035. | 395,021. |
| OF Sec | | | | ginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | | 1,406,431. | 1,790,247. |
| t As | 21 | Total liabilities (Part X, line 26) | | 37,576. | 26,371. |
| Net Assets or | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 1,368,855. | 1,763,876. |
| P | art II | Signature Block | | | |
| Und | der pen | alties of perjury, I declare that I have examined this return, including accompanying schedu | les and statem | ents, and to the best of m | y knowledge and belief, it is |
| true | e, corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of v | which preparer | has any knowledge. | |
| | | | | | |
| Sig | jn | Signature of officer | | Date | |
| Не | re | PATRICK BRADLEY | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | I | Date Check | PTIN |
| Pai | d | SHAWN WILLIAMSON Shawn Williamson | | 2/10/17 if self-employed | |
| Pre | parer | | CPA's | Firm's EIN | 37-1231621 |
| Use | Only | Firm's address 6240 S. Lindbergh, Ste 101 | | | |
| | | St. Louis, MO 63123 | | Phone no.31 | 4-845-7999 |
| Ма | y the I | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No |

| | Check if Schedule O contains a response or note to any line in this Part III | X |
|----|---|------|
| 1 | Briefly describe the organization's mission: PROVIDE AID TO PEOPLE IN NEED WORLDWIDE | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? | X No |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes | X No |
| | If "Yes," describe these changes on Schedule O. | |
| 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. | d |
| 4a | 1 C 0 0 C |) |
| | | |
| 4b | (Code:)(Expenses \$144,001. including grants of \$) (Revenue \$) Rescuing and restoring victims of sex trafficking through multiple Some with holistic services and Mercy Chapel Vocational Training Center | afe |
| 4c | (Code:)(Expenses \$391,236. including grants of \$) (Revenue \$) Medical Care in remote villages abroad, including a large Clinic, Ch: Stabilization Center, Water Well Projects and Medical Mission Teams | ild |
| | | |
| | | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ 1,421,370 • including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ▶ 2,002,703. | |

Form 990 (2016) INTERNATIONA 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)? | | v | |
| _ | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Λ | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | - | | |
| 7 | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | • | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 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. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | 37 | |
| | Part VI | 11a | 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 | 441. | | Х |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| 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? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| 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 | 110 | | |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| 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)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | 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 | | | v |
| 45 | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 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 | 45 | | Х |
| 16 | foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 15 | | |
| 10 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | _ <u>-</u> - |
| •• | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | Х |

Form 990 (2016) INTERNATIONAL CRIS Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|--|-----|-----|----|
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | Х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | | Х |
| 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 "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | Х |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | Х |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | ,. |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | Х | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | Δ | |

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 | | | |
|----|---|------------|-----|----|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| | to file Form 8282? | 7с | | Х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 40 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| a | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| _ | organization is licensed to issue qualified health plans The the amount of receives an hand | | | |
| | Enter the amount of reserves on hand Did the expenies tion receive any payments for indeed temping convices during the tay year? | 1/1- | | Х |
| | Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14a 14b | | |
| ม | ii 100, has it lieu a 10111 120 to report these payments: II 170, provide an explanation in Schedule O | מדו | | |

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 | | | X |
|----------|--|----------|------|----|
| Sec | tion 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 1a | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | |
| | officer, director, trustee, or key employee? | 2 | Х | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | Х |
| Sec | tion 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? | 10a | | Х |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | | 37 | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | Х | |
| | 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 | | | Х |
| | taxable entity during the year? | 16a | | |
| 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 | 401 | | |
| 800 | exempt status with respect to such arrangements? | 16b | | |
| | List the states with which a capy of this Form 900 is required to be filed MO | | | |
| 17 10 | List the states with which a copy of this Form 990 is required to be filed MO | ovo:lo- | ulo. | |
| 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) | avallat | ле | |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 10 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d fina- | oio! | |
| 19 | | u iirian | udl | |
| 20 | statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| 20 | Patrick Bradley - 314-487-1400 | | | |
| | PO Box 510167, St. Louis, MO 63151 | | | |

Form 990 (2016) 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 | / |
|--|-----|
| oricon il ocricadio o containo a response oi note to arry ilite in triis i art | 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.

| | | | | | | nsat | ated any current officer, director, or trustee. | | | | |
|------------------------|-------------------|--------------------------------|-----------------------|-------------|---------------|------------------------------|---|---------------------------------|-----------------|--------------------------|--|
| (A) | (B) | | | ((| C) | | | (D) | (E) | (F) | |
| Name and Title | Average | (do | not c | Pos heck | itior more | 1 than | one | Reportable | Reportable | Estimated | |
| | hours per | box | , unle | ss pe | rson | is bot or/trus | h an | compensation | compensation | amount of | |
| | week | ├ | oor ar | | | 17 11 00 | 100) | from | from related | other | |
| | (list any | irecto | | | | | | the | organizations | compensation | |
| | hours for related | or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization | |
| | organizations | ruste | l trus | | e e | nben | | (₩-2/1099-101130) | | and related | |
| | below | dualt | tiona | | nploy | st cor | _ | | | organizations | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Forme | | | | |
| (1) PATRICK BRADLEY | 40.00 | | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 94,500. | |
| (2) SUSAN BRADLEY | 40.00 | | | | | | | _ | _ | | |
| VICE PRES/SECRETARY | | Х | | Х | | | | 0. | 0. | 42,000. | |
| (3) DANE WELCH | 1.00 | ļ | | | | | | | | | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. | |
| (4) TERRY HOUSE | 1.00 | ١,, | | | | | | | | | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. | |
| (5) JERRY FITZGERALD | 1.00 | Į., | | 7.7 | | | | | | | |
| TREASURER | 1 00 | Х | | Х | | | | 0. | 0. | 0. | |
| (6) MIKE LEMP | 1.00 | X | | | | | | 0. | 0. | 0. | |
| DIRECTOR (7) CHRIS IGO | 1.00 | ^ | | | | | | 0. | 0. | 0. | |
| DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. | |
| DIRECTOR | | 122 | | | | | | 0. | • | • | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | 1 | | | | | | | | | |
| | | _ | | | | | | | | | |
| _ | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | - | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | - | | | | | | | | | |
| | | | | | | | | | | | |
| | | - | | | | | | | | | |
| | | 1 | | | | | | | | | |
| | I | _ | _ | | | | | I | l . | | |

Form **990** (2016) 632007 11-11-16

30-0060905

| Par | t VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , an | d Hi | ighe | st C | Compensated Employe | es (continued) | | | | |
|----------|--|--|--|-------|----------------------|-----------------------------------|-----------|-----------------------|---------------------------------------|---|---------------|------------------------|--|-------------------------------|
| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | tee or director oppoor opposed | not o | Pos heck ss pe | ition more erson lirecto | | one th an stee) | (D) Reportable compensation from the | (E) Reportable compensati from relate organizatior (W-2/1099-MI | on d ns | com fr org an | (F) stimate nount of other pensa om the anization d relate anization | of ation e ion ed |
| | | | 드 | 드 | JO. | Ke | 王品 | <u>8</u> | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| c d | Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c) | II, Section A | | | | | | | 0. | | 0. | | 6,5 6,5 | 0. |
| 2 | Total number of individuals (including but n compensation from the organization | | | | | | | | | | ole | | Yes | No. |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su | <i>such individual</i> um of reportab | le co | omp | ensa | atior | n and | d ot | her compensation from | | | 3 | | X |
| 5 Sec | and related organizations greater than \$15 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," combine B. Independent Contractors | accrue compe | nsat | ion 1 | from | any | / uni | elat | | idual for services | 3 | 5 | | X |
| 1 | Complete this table for your five highest co | = - | - | | | | | | n the organization's tax | | npens | | | |
| | (A) Name and business | address | NO | ONI | 3 | | | | (B) Description of s | services | C | (Compe | c) nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organi | | ot li | mite | d to | tho | se li: | stec | d above) who received n | nore than | | | | |

| | | | | | CRISIS | AID | | 30-0060 | 905 Page 9 |
|--|------|-----------------------|---|--------------------------|---------------------|--|--|--------------------------------|--|
| Pa | rt ' | VIII | _ | | | | | | |
| | | | Check if Schedule O contain | ns a response | or note to any lir | ne in this Part VIII (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 | b c d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants, similar amounts not included above Noncash contributions included in lines 1a Total. Add lines 1a-1f | 1b 1c 1d 1d 1e and 1f 2, | 619,222. 18,645. | 2,619,222. | | | |
| 9 | | n | I otal. Add lines 1a-11 | | Business Code | | | | |
| e, | 2 | 2 a | | | | | | | |
| Program Service Revenue | | b | | | | | | | |
| S c | | С | | | | | | | |
| ran 3ev | | d | | | | | | | |
| rog | | е | | | | | | | |
| - | | | All other program service revenu | | | | | | |
| - | _ | | Total. Add lines 2a-2f | | | | | | |
| | 3 | 5 | Investment income (including direction other similar amounts) | | | 1,156. | 1,156. | | |
| | 4 | | Income from investment of tax-e | | | | | | |
| | 5 | | Royalties | | | | | | |
| | | | , ··- | (i) Real | (ii) Personal | | | | |
| | 6 | b | Gross rents Less: rental expenses Rental income or (loss) | | | | | | |

| ž a | b | Membership dues 1b | | | | | |
|-------------------------------------|--------------|---|---------------|------------|--------|----|------------------------|
| , Gifts, Grai ilar Amour | | Fundraising events 1c | | | | | |
| Sift ar, | | Related organizations 1d | | | | | |
| Contributions, Gifand Other Similar | | Government grants (contributions) 1e | | | | | |
| ë S | | All other contributions, gifts, grants, and | | | | | |
| e per | ' | | 619,222. | | | | |
| 풀 | | Noncash contributions included in lines 1a-1f: \$ | 18,645. | | | | |
| Son | 9 h | Total. Add lines 1a-1f | | 2.619.222. | | | |
| <u> </u> | " | Total Add lines 12 11 | Business Code | | | | |
| ø. | 2 a | • | Dusiness Oode | | | | |
| Κį | | | | | | | |
| Ser | b | | | | | | |
| ΕŽ | C | | | | | | |
| Program Service Revenue | d | | | | | | |
| ٥٢ | e | All II | | | | | |
| _ | 1 | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| | 3 | Investment income (including dividends, intere | • | 1,156. | 1,156. | | |
| | ١. | other similar amounts) | | 1,130. | 1,130. | | |
| | 4 | Income from investment of tax-exempt bond p | | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | | Gross rents | | | | | |
| | | Less: rental expenses | | | | | |
| | | Rental income or (loss) | | | | | |
| | | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | |
| | b | Less: cost or other basis | | | | | |
| | | and sales expenses | | | | | |
| | | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | | | | |
| ē | 8 a | Gross income from fundraising events (not | | | | | |
| en | | including \$ of | | | | | |
| ě | | contributions reported on line 1c). See | | | | | |
| Other Revenue | | Part IV, line 18 a | | | | | |
| € | b | Less: direct expenses b | | | | | |
| • | | Net income or (loss) from fundraising events | | | | | |
| | 9 a | Gross income from gaming activities. See | | | | | |
| | | Part IV, line 19 a | | | | | |
| | b | Less: direct expenses b | | | | | |
| | С | Net income or (loss) from gaming activities | > | | | | |
| | 10 a | Gross sales of inventory, less returns | | | | | |
| | | and allowances a | | | | | |
| | b | Less: cost of goods sold b | | | | | |
| | С | Net income or (loss) from sales of inventory | > | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11 a | | | | | | |
| | b | | | | | | |
| | С | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | > | | | | |
| | 12 | Total revenue. See instructions. | | 2,620,378. | 1,156. | 0. | 0. |
| 63200 | 9 11-11 | | | | | | Form 990 (2016) |

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 (D) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 136,500. 102,375. 34,125. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 307,235. 230,426. 76,809. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 6,432. 9,281. 15,713. column (A) amount, list line 11g expenses on Sch O.) 4,325. 4,325. 8,650. Advertising and promotion 12 18,064. 21,251. 3,187. 13 Office expenses 14 Information technology Royalties 15 44,220. 22,110. 22,110. 16 Occupancy 11,419. 11,419. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates _____ 21 1,988. 1,988. Depreciation, depletion, and amortization 22 2,632. 2,632. 23 Other expenses. Itemize expenses not covered 24 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.) 1,581,180. 1,581,180. PROJECT EXPENSES PRINTING & COPYING 30,558. 15,279. 15,279. INKIND EXPENDITURE 18,645. 18,645. 11,339. 11,339. CONTRIBUTIONS TO OTHERS 34,027. 11,265. 8,335. 14,427. e All other expenses 2,225,357. 2,002,703. 192,948. 29,706. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2016)

Part X Balance Sheet

| Pa | rt X | Balance Sheet | | | | | | | | |
|-----------------------------|------|--|--|-------------------------|---------------------------------|------------|---------------------------|--|--|--|
| | | Check if Schedule O contains a response or not | te to an | y line in this Part X | | | | | | |
| | | | | | (A) Beginning of year | | (B) End of year | | | |
| | 1 | Cash - non-interest-bearing | | 1,397,189. | 1 | 1,783,822. | | | | |
| | 2 | Savings and temporary cash investments | | | | 2 | | | | |
| | 3 | Pledges and grants receivable, net | | | | 3 | | | | |
| | 4 | Accounts receivable, net | | | | 4 | | | | |
| | 5 | | Loans and other receivables from current and former officers, directors, | | | | | | | |
| | | trustees, key employees, and highest compens | | | | | | | | |
| | | Part II of Schedule L | | 5 | | | | | | |
| | 6 | Loans and other receivables from other disquali | | | | | | | | |
| | | section 4958(f)(1)), persons described in section | c)(3)(B), and contributing | | | | | | | |
| | | employers and sponsoring organizations of sec | | | | | | | | |
| 2 | | employees' beneficiary organizations (see instr) | Compl | ete Part II of Sch L | | 6 | | | | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | | | | |
| ₹ | 8 | Inventories for sale or use | | | | 8 | | | | |
| | 9 | Prepaid expenses and deferred charges | | | 2,403. | 9 | 2,431 | | | |
| | 10a | Land, buildings, and equipment: cost or other | | | | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 46,474. | | | | | | |
| | b | Less: accumulated depreciation | | 44,512. | 3,949. | 10c | 1,962 2,032 | | | |
| | 11 | Investments - publicly traded securities | 2,890. | 11 | 2,032 | | | | | |
| | 12 | Investments - other securities. See Part IV, line | | | 12 | | | | | |
| | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | | | | |
| | 14 | Intangible assets | | 14 | | | | | | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | 1,406,431. | 16 | 1,790,247 | | | | | |
| | 17 | Accounts payable and accrued expenses | | | 37,576. | 17 | 26,371 | | | |
| | 18 | Grants payable | | | 18 | | | | | |
| | 19 | Deferred revenue | | | | 19 | | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | | | | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | | | | |
| 0 | 22 | Loans and other payables to current and former | officer | s, directors, trustees, | | | | | | |
| Ě | | key employees, highest compensated employee | es, and | disqualified persons. | | | | | | |
| Liabilities | | Complete Part II of Schedule L | | | | 22 | | | | |
| J | 23 | Secured mortgages and notes payable to unrela | | | | 23 | | | | |
| | 24 | Unsecured notes and loans payable to unrelate | d third p | oarties | | 24 | | | | |
| | 25 | Other liabilities (including federal income tax, pa | yables | 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 | | | 37,576. | 26 | 26,371 | | | |
| | | Organizations that follow SFAS 117 (ASC 958 | 3), chec | k here ▶ X and | | | | | | |
| es | | complete lines 27 through 29, and lines 33 ar | ıd 34. | | | | | | | |
| auc | 27 | Unrestricted net assets | | | 197,164. | 27 | 303,661 | | | |
| gali | 28 | Temporarily restricted net assets | | | 1,171,691. | 28 | 1,460,215 | | | |
| <u> </u> | 29 | | | | | 29 | | | | |
| 7 | | Organizations that do not follow SFAS 117 (A | | | | | | | | |
| 9 | | and complete lines 30 through 34. | | | | | | | | |
| 2 | 30 | Capital stock or trust principal, or current funds | | | 30 | | | | | |
| n N | 31 | Paid-in or capital surplus, or land, building, or ed | quipmer | nt fund | | 31 | | | | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated in | | | 4 262 2= | 32 | 4 844 454 | | | |
| _ | 33 | Total net assets or fund balances | | | 1,368,855. | 33 | 1,763,876 | | | |
| | 34 | Total liabilities and net assets/fund balances | | | 1,406,431. | 34 | 1,790,247 | | | |

| Ра | rt 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 | | 2,62 2,22 | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | | | | |
| 3 | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1 | 1,36 | 8,8 | 55. | |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | | |
| 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 | | | | 0. | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | | |
| | column (B)) | 10 | _ 1 | L,76 | 3,8 | 76. | |
| Pa | rt XIII Financial Statements and Reporting | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X | |
| | | | | | Yes | No | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | О. | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | d on a | | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2 b | Х | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basi | s, | | | | |
| | consolidated basis, or both: | | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audi | t, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule | Ο. | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | ngle Aı | udit | | | | |
| | Act and OMB Circular A-133? | | | За | | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ired au | udit | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | <u></u> | 3b | | | |

Form **990** (2016)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INTERNATIONAL CRISIS AID

Employer identification number 30-0060905

| Pa | rt I | Reason for Public (| Charity Status (| All organizations must co | omplete th | is part.) Se | ee instructions. | | | | |
|----|-----------|--|---|---------------------------------------|---------------------------------------|-----------------|-----------------------------|----------------------------|--|--|--|
| he | organ | ization is not a private found | ation because it is: (| For lines 1 through 12, o | heck 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 (Form 990 or 990-EZ).) | | | | | | | | | |
| | П | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | |
| 3 | H | | | | | | - | | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a nospita | described | ın sectio | n 170(b)(1)(A)(III). Enter | the nospital's name, | | | |
| | | city, and state: | | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owne | d or operat | ted by a g | overnmental unit describ | ped in | | | |
| | | section 170(b)(1)(A)(iv). (C | section 170(b)(1)(A)(iv). (Complete Part II.) | | | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governn | nental unit described in | section 17 | '0(b)(1)(A) | (v). | | | | |
| 7 | X | An organization that norma | lly receives a substa | ntial part of its support t | rom a gov | ernmental | unit or from the general | public described in | | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | 1)(A)(vi). (Complete Par | t II.) | | | | | | |
| 9 | | An agricultural research org | | | | ed in conju | ınction with a land-grant | college | | | |
| | | or university or a non-land-g | | | | - | - | - | | | |
| | | university: | , | | | | ,, | , | | | |
| 10 | | An organization that norma | Ily receives: (1) more | than 33 1/3% of its sur | nort from | contributi | ons membershin fees a | and aross receints from | | | |
| | | activities related to its exen | | | | | | | | | |
| | | | - | · · · · · · · · · · · · · · · · · · · | | | | - | | | |
| | | income and unrelated busin | | (less section 511 tax) if | om busine | sses acqu | ilred by the organization | arter June 30, 1975. | | | |
| | | See section 509(a)(2). (Cor | | banka ka ka ka ka marak Ka | · · · · · · · · · · · · · · · · · · · | | 20(-)(4) | | | | |
| 11 | \square | An organization organized a | • | • | - | | | | | | |
| 12 | | An organization organized a | • | • | - | | • | | | | |
| | | more publicly supported or | - | | | | | Check the box in | | | |
| | | lines 12a through 12d that | * * | | | - | • | | | | |
| а | | | anization operated, s | upervised, or controlled | by its sup | ported org | ganization(s), typically by | y giving | | | |
| | | the supported organization | on(s) the power to re | gularly appoint or elect a | a majority o | of the dire | ctors or trustees of the s | supporting | | | |
| | _ | organization. You must o | omplete Part IV, Se | ections A and B. | | | | | | | |
| b | | | anization supervised | or controlled in connec | tion with it | s support | ed organization(s), by ha | aving | | | |
| | | control or management o | f the supporting orga | anization vested in the s | ame perso | ons that co | ontrol or manage the sup | ported | | | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | | |
| С | | Type III functionally inte | grated. A supporting | g organization operated | in connec | tion with, | and functionally integrat | ed with, | | | |
| | | its supported organization | - | | | | • | | | | |
| d | | Type III non-functionally | | • | | | | ization(s) | | | |
| | | that is not functionally int | = | | | | • • • • • • | | | | |
| | | requirement (see instruct | - | - | - | | • | | | | |
| ۵ | | Check this box if the orga | · | - | | | | | | | |
| Ŭ | | functionally integrated, or | | | | | z type i, type ii, type iii | | | | |
| | Ento | er the number of supported of | | nally integrated support | ing organiz | Lation. | | | | | |
| ' | | vide the following information | | d organization(s) | | | | | | | |
| 9 | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (v) Amount of monetary | (vi) Amount of other | | | |
| | • | organization | , , | (described on lines 1-10 | Yes | No | support (see instructions) | support (see instructions) | | | |
| | | | | above (see instructions)) | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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.)

| Sec | Section A. Public Support | | | | | | | | |
|------|--|-----------------------|----------------------------|------------------------|---------------------------------------|----------------------|-------------|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | 1,647,571. | 1,739,414. | 2,582,356. | 3,066,680. | 2,619,222. | 11,655,243. | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | |
| | ization'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 | 1,647,571. | 1,739,414. | 2,582,356. | 3,066,680. | 2,619,222. | 11,655,243. | | |
| 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) | | | | | | 4,695,455. | | |
| _6 | Public support. Subtract line 5 from line 4. | | | | | | 6,959,788. | | |
| Sec | ction B. Total Support | | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | |
| 7 | Amounts from line 4 | 1,647,571. | 1,739,414. | 2,582,356. | 3,066,680. | 2,619,222. | 11,655,243. | | |
| 8 | Gross income from interest, | | | | | | | | |
| | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties | | | | | | | | |
| | and income from similar sources \dots | 1,426. | 347. | 806. | | 1,156. | 3,735. | | |
| 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 VI.) | 18. | | | | | 18. | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 11,658,996. | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | | | |
| 13 | First five years. If the Form 990 is for | r the organization's | first, second, third | d, fourth, or fifth ta | x year as a sectio | n 501(c)(3) | | | |
| 0- | organization, check this box and stor | here | | | | | <u></u> | | |
| | ction C. Computation of Publ | | | | | | F0 C0 | | |
| 14 | Public support percentage for 2016 (| | | | | 14 | 59.69 % | | |
| 15 | Public support percentage from 2015 | | | | | 15 | 60.50 % | | |
| 16a | 33 1/3% support test - 2016. If the c | | | | | | | | |
| _ | stop here. The organization qualifies | | | | | | | | |
| b | 33 1/3% support test - 2015. If the c | | | | | | | | |
| | and stop here. The organization qual | | | | | | | | |
| 17a | 10% -facts-and-circumstances tes | · · | | | | | • | | |
| | and if the organization meets the "fac | | | - | · · · · · · · · · · · · · · · · · · · | - | | | |
| _ | meets the "facts-and-circumstances" | | | | | | | | |
| b | 10% -facts-and-circumstances tes | ū | | | | • | | | |
| | more, and if the organization meets the | | • | | • | | | | |
| | organization meets the "facts-and-circ | | | | | | | | |
| 18 | Private foundation. If the organization | n did not check a | <u>00x on line 13, 16a</u> | a, 160, 17a, or 17b |), cneck this box a | ina see instruction: | <u>S</u> | | |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

| Se | ction A. Public Support | , 1 | , | | | | |
|-----|--|---------------------------|----------------------------|------------------------|---------------------|----------------------|-------------|
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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 per- | | | | | | |
| | formed, 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 bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization'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 | | | | | | |
| 7: | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | | | |
| ı | 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 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| | ction B. Total Support | | | | | | |
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 | Gross income from interest, | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | |
| | and income from similar sources | | | | | | |
| ı | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| (| Add lines 10a and 10b | | | | | | |
| | 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 VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | r the organization' | s first, second, thi | rd, fourth, or fifth t | tax year as a secti | on 501(c)(3) organiz | zation, |
| | | | | | | | > |
| Se | ction C. Computation of Publ | ic Support Pe | ercentage | | | | |
| 15 | Public support percentage for 2016 (| line 8, column (f) d | livided by line 13, | column (f)) | | 15 | % |
| | Public support percentage from 2015 | | | | | 16 | % |
| Se | ction D. Computation of Inve | stment Incom | e Percentage | | | | |
| 17 | Investment income percentage for 20 |)16 (line 10c, colur | mn (f) divided by li | ne 13, column (f)) | | 17 | % |
| 18 | Investment income percentage from | 2015 Schedule A, | Part III, line 17 | | | 18 | % |
| | a 33 1/3% support tests - 2016. If the | | | | | 33 1/3%, and line | 17 is not |
| | more than 33 1/3%, check this box a | | | | | | |
| ı | 33 1/3% support tests - 2015. If the | organization did r | not check a box or | n line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, | and |
| | line 18 is not more than 33 1/3%, che | eck this box and s | t op here. The orga | anization qualifies | as a publicly supp | oorted organization | |
| 20 | Private foundation If the organization | n did not chock a | hay on line 14 10 | a or 10h chock t | hic hay and can in | etructions | |

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|-----|----------|--------|------|
| | | | |
| | 1 | | |
| | | | |
| | 2 | | |
| | 2 | | |
| | За | | |
| | | | |
| | 3b | | |
| | | | |
| | 3с | | |
| | | | |
| | 4a | | |
| | | | |
| | 4b | | |
| | | | |
| | 4c | | |
| | | | |
| | 5a | | |
| | | | |
| | 5b | | |
| | 5c | | |
| | | | |
| | 6 | | |
| | | | |
| | 7 | | |
| | | | |
| | 8 | | |
| | | | |
| | 9a | | |
| | 9b | | |
| | | | |
| | 9с | | |
| | | | |
| | 10a | | |
| | | | |
| | 10b | | |
| n 9 | 90 or 99 | 90-EZ) | 2016 |

| Pa | Part IV Supporting Organizations (continued) | | | |
|----------|--|-----------------------------|-----|----|
| | | | Yes | No |
| 11 | 1 Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | b A family member of a person described in (a) above? | 11b | | |
| С | c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V | /l. 11c | | |
| Sec | ection B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | 1 Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supporte | d | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | 2 Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ection C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | ection D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the provided during th | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provide | | | |
| 2 | | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| <u> </u> | supported organizations played in this regard. | 3 | | |
| | ection E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | ee instructions). | | |
| a | · · | | | |
| b | | nt antitu (aaa inatruation | .1 | |
| င | | in entity (see instructions | Yes | No |
| 2 | | .f | 162 | No |
| а | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | , | | |
| | that these activities constituted substantially all of its activities. | ² 2a | | |
| b | | | | |
| J | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 3 | | 20 | | |
| a | | | | |
| u | trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| b | b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of | | | |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

| Pai | TV Type III Non-Functionally Integrated 509(a)(3) Supporting | ig Orga | nizations | | | | | | |
|------|--|-------------|-----------------------------|--------------------------------|--|--|--|--|--|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. | | | | | | | | |
| | other Type III non-functionally integrated supporting organizations must co | mplete S | ections A through E. | | | | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | | | | |
| 1 | Net short-term capital gain | 1 | | | | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | | | | |
| 4 | Add lines 1 through 3 | 4 | | | | | | | |
| 5 | Depreciation and depletion | 5 | | | | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | | | | |
| | collection of gross income or for management, conservation, or | | | | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | | | | |
| а | Average monthly value of securities | 1a | | | | | | | |
| b | Average monthly cash balances | 1b | | | | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | | | | | |
| е | Discount claimed for blockage or other | | | | | | | | |
| | factors (explain in detail in Part VI): | | | | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | | | | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | | | | | | |
| | see instructions) | 4 | | | | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | | | |
| 6 | Multiply line 5 by .035 | 6 | | | | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | | | |
| Sect | ion C - Distributable Amount | | | Current Year | | | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | | | | |
| 2 | Enter 85% of line 1 | 2 | | | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | | | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | | | | |
| | emergency temporary reduction (see instructions) | 6 | | | | | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrat | ted Type III supporting org | anization (see | | | | | |
| | instructions). | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2016

| rai | 1 v Type III Non-Functionally Integrated 509 | າ(a)(3) Supporting Orga | anizations _(continued) | |
|------|---|-------------------------------|-----------------------------------|-----------------|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | empt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exem | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpos | es of supported organization | าร | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions | | | |
| 7 | Total annual distributions. Add lines 1 through 6 | | | |
| 8 | Distributions to attentive supported organizations to which t | he organization is responsive | е | |
| | (provide details in Part VI). See instructions | | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | | (i) | (ii) | (iii) |
| ٠4 | ion E. Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable |
| ect | ion E - Distribution Allocations (see instructions) | | Pre-2016 | Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| а | | | | |
| b | | | | |
| С | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| i | Carryover from 2011 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | | | |
| | and 4c | | | |
| 8 | Breakdown of line 7: | | | |
| а | | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| е | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; |
|---------|---|
| | Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, |
| | Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
| | (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

Name of the organization

Employer identification number

INTERNATIONAL CRISIS AID

30-0060905

| Organization type (check one): | | | | | | | |
|--------------------------------|--|---|--|--|--|--|--|
| Filers of: | | Section: | | | | | |
| Form 990 | or 990-EZ | $\overline{\mathbf{X}}$ 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 | | | | | |
| | | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General I | Rule | | | | | | |
| | • | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special F | Rules | | | | | | |
| ; | sections 509(a)(1) a any one contributo | described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II. | | | | | |
| | year, total contribu | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III. | | | | | |
| i | year, contributions is checked, enter h purpose. Don't con | described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \$ | | | | | |
| but it mu | st answer "No" on | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne 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) (2016)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL CRISIS AID

Employer identification number 30-0060905

| Par | t I Organizations Maintaining Donor Advise | ed Funds or Other Similar Fund | s or Accounts. Complete if the |
|--------|---|---|--|
| | organization answered "Yes" on Form 990, Part IV, lir | ne 6. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | writing that the assets held in donor advi | sed funds |
| | are the organization's property, subject to the organization's | s exclusive legal control? | Yes |
| 6 | Did the organization inform all grantees, donors, and donor a | advisors in writing that grant funds can be | e used only |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for any other purpose | e conferring |
| | impermissible private benefit? | | |
| Par | • | | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizat | tion (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or | education) Preservation of a his | torically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | ified conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | |
| С | Number of conservation easements on a certified historic st | | |
| d | Number of conservation easements included in (c) acquired | • | ture |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | eleased, extinguished, or terminated by the | e organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | | |
| 5 | Does the organization have a written policy regarding the pe | | |
| | violations, and enforcement of the conservation easements | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting | , handling of violations, and enforcing cor | servation easements during the year |
| _ | <u> </u> | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conserv | ation easements during the year |
| _ | \$ | | 2 (1) (1) (7) (1) |
| 8 | Does each conservation easement reported on line 2(d) abo | | |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservat | • | |
| | include, if applicable, the text of the footnote to the organiza | ation's financial statements that describes | s the organization's accounting for |
| Dar | conservation easements. † III Organizations Maintaining Collections of | of Art Historical Treasures or C | Other Similar Assets |
| ı aı | Complete if the organization answered "Yes" on Forn | • | other oliffiai Assets. |
| 10 | If the organization elected, as permitted under SFAS 116 (As | | ment and balance sheet works of art |
| Id | | ** | |
| | historical treasures, or other similar assets held for public ex the text of the footnote to its financial statements that descr | | ance of public service, provide, in Fart Alli, |
| h | If the organization elected, as permitted under SFAS 116 (A) | | at and halance shoot works of art, historical |
| Б | treasures, or other similar assets held for public exhibition, e | | |
| | · · · · · · · · · · · · · · · · · · · | ducation, or research in furtherance of pr | ablic service, provide the following amounts |
| | relating to these items: | | * |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| 2 | (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre | | |
| 2 | the following amounts required to be reported under SFAS 1 | | ai gairi, provide |
| • | Revenue included on Form 990, Part VIII, line 1 | | \$ |
| a h | Assets included in Form 990, Part X | | |
| IJ | , 100010 III010000 III I OIIII 330, I AILA | | ▼ Ψ |

| Par | t III Organizations Maintaining Co | llections of Ar | t, Hist | orical Tr | easures, d | or Othe | er Simila | ar Asse | ts (contii | nued) | |
|-------|---|----------------------|----------------|----------------|----------------|-------------|-------------|------------|-------------------|---------|----------|
| 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): | | | | | | | | | | |
| а | Public exhibition | d | | oan or exc | hange progra | ams | | | | | |
| b | Scholarly research e Other | | | | | | | | | | |
| С | | | | | | | | | | | |
| 4 | Provide a description of the organization's colle | ections and explair | n how th | ey further t | he organizati | ion's exer | mpt purpo | se in Par | XIII. | | |
| 5 | During the year, did the organization solicit or r | receive donations of | of art, his | storical trea | sures, or oth | er similar | assets | | _ | | _ |
| | to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No | | | | | | | | | | |
| Par | t IV Escrow and Custodial Arrange | | ete if the | organizatio | n answered | "Yes" on | Form 990 | , Part IV, | line 9, oı | • | |
| | reported an amount on Form 990, Part | X, line 21. | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodiar | n or other intermed | liary for o | contribution | ns or other as | sets not | included | | 7 | | , |
| | on Form 990, Part X? | | | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII ar | nd complete the fol | llowing t | able: | | | | | | | |
| | | | | | | | | | Amoun | t | |
| | Beginning balance | | | | | | | | | | |
| d | Additions during the year | | | | | | | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | 1 | | _ |
| | Did the organization include an amount on For | | | | | | • | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. C | | | | | | | | | | <u> </u> |
| Par | | · i | | | · | | | bl- | | | h1- |
| | | (a) Current year | (b) Pr | rior year | (c) Two year | rs dack | (d) Three y | ears dack | (e) Four | years | раск |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| C | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| _ | and programs | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | |
| g | End of year balance | -4 | - /!: 4 - | | -\\ l= -1-1 | | | | | | |
| 2 | Provide the estimated percentage of the current | nt year end balanc | | g, column (a | a)) neid as: | | | | | | |
| a | Board designated or quasi-endowment | 0/ | _% | | | | | | | | |
| D | Permanent endowment | % | | | | | | | | | |
| С | The person tages on lines 20. 2h, and 20 about | % | | | | | | | | | |
| 20 | The percentages on lines 2a, 2b, and 2c should Are there endowment funds not in the possess | | ation tha | t ara bald a | nd administs | arad far th | ao oraaniz | otion | | | |
| Ja | | sion of the organiza | ation tha | t are rielu a | ina administe | erea ioi ii | ie organiz | ation | 1 | Yes | No |
| | by: (i) unrelated organizations | | | | | | | | 3a(i) | 163 | No |
| | (ii) related organizations | | | | | | | | - ` | | |
| h | If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the o | | | | | | | | _ 05 | l | |
| Par | t VI Land, Buildings, and Equipme | | WITHOUTE | arrao. | | | | | | | |
| | Complete if the organization answered | |). Part IV | . line 11a. S | See Form 990 |). Part X. | line 10. | | | | |
| | Description of property | (a) Cost or of | | • | or other | | cumulate | d | (d) Boo | k value | |
| | | basis (investm | | | (other) | | preciation | | ,_, | | |
| | Land | + ` | - | | - | | | | | | |
| b | Buildings | | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | | |
| | | | | 4 | 6,474. | | 44,51 | L2. | | 1,9 | 62. |
| | Other | | | | | | | | | | |
| Total | I. Add lines 1a through 1e. (Column (d) must equ | | X, colum | nn (B), line 1 | 10c.) | | | ▶ | | 1,9 | 62. |
| | | | | | | | | | | | |

| Schedule D (Form 990) 2016 INTERNATIONA Part VIII Investments - Other Securities. | AL CRISIS AID | 30 | -0060905 Page 3 |
|--|----------------------------|-------------------------------------|------------------------|
| Complete if the organization answered "Yes" of | on Form 990 Part IV line | 11h See Form 990 Part X line 12 | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | d-of-vear market value |
| (1) Financial derivatives | () | . , | , |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" of | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| (a) Description | | | (b) Book value |
| (1) | | | |
| (2) | | | |

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total (Column (b) must equal Form 990, Part X, col. (R) line 15.) | |

Part X Other Liabilities.

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

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

^{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

positions. The Organizations tax returns filed prior to fiscal 2014 are closed.

SCHEDULE 0 (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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INTERNATIONAL CRISIS AID

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 30-0060905

Form 990, Part III, Line 4d, Other Program Services: USA Safe Campaign: Holistic services and case management to female victims of sex trafficking at the U.S. Refuge Home and Human Trafficking Prevention Curriculum including grants of \$ 0. Revenue \$ 0. Expenses \$ 245,496. Care for orphans and vulnerable children by operating a Girl's Home and a Child Sponsorship Program abroad and Children's Programs in Saint Louis, Missouri including grants of \$ 0. Revenue \$ 0. Expenses \$ 86,655. Provide aid to people in need in Africa and around the world Expenses \$ 1,089,219. including grants of \$ 0. Revenue \$ 0. Form 990, Part VI, Section A, line 2: The president and vice president are husband and wife. Form 990, Part VI, Section B, line 11b: The board compares the 990 to the audited finanical statements to ensure it is completed properly. Form 990, Part VI, Section B, Line 12c: The Organization monitors this by not having any business done with board members, and in instances were work with board members is considered, there will be 3 documented bids for comparison.

| Name of the organization INTERNATIONAL CRISIS AID | Employer identification number 30-0060905 |
|---|---|
| Form 990, Part VI, Section B, Line 15: | |
| Board of independent persons takes comparable data and de | etermines proper |
| compensation. | |
| | |
| Form 990, Part VI, Section C, Line 19: | |
| These documents will be available upon request from the p | oublic. |
| | |
| Form 990 Part XII, line 2c | |
| The process has not changed from the prior year. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |