#### Form 8879-TE

#### IRS e-file Signature Authorization for a Tax Exempt Entity

	OMB	No.	1545-0047	
-		_		

For calendar year 2022, or fiscal year beginning

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

Department of the Treasury Internal Revenue Service Name of filer

Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN 30-0060905 INTERNATIONAL CRISIS AID PATRICK BRADLEY

Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information

#### Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, th

	ver is applicable, blank (do not le line in Part I.				olicable line below. Do not complete more			
1a	Form 990 check here	12) 1b 4,935,174.						
<b>2</b> a	Form 990-EZ check here		Total revenue, if any (Form	990-EZ, line 9)	2b			
3a	Form 1120-POL check here		Total tax (Form 1120-POL, I					
4a	Form 990-PF check here		Tax based on investment in	ıcome (Form 990-PF, Part V,	ine 5) 4b			
5a	Form 8868 check here		Balance due (Form 8868, lin	e 3c)	5b			
6a	(F. 000 T. D. 4 III. Bear 4)							
7a	1 4700 P. J. W. Co. 41							
8a	b FMV of assets at end of tax year (Form 5227, Item D)							
9a	Form 5330 check here		Tax due (Form 5330, Part II,	line 19)	9b			
10a	Form 8038-CP check here		Amount of credit payment	requested (Form 8038-CP, P	art III, line 22) 10b			
	II Declaration and	Signatu	e Authorization of Office	er or Person Subject	o Tax			
Inder i	penalties of perjury, I declare the	at XII	m an officer of the above entit	y or 🔲 l am a person subje	ct to tax with respect to (name			
f entit	v)			, (EIN)	and that I have examined a copy of the			
022 e omple terme cknov f any to ntry to	ectronic return and accompan- te. I further declare that the an- diate service provider, transmi- yledgement of receipt or reasor refund. If applicable, I authorize the financial institution accou- binstitution to debit the entry it	ter, or ele for reject the U.S. at indicate of this acc	urt I above is the amount show ctronic return originator (ERO) on of the transmission, (b) the freasury and its designated Fit d in the tax preparation softwa ount. To revoke a payment. I m	n on the copy of the electronic to send the return to the IRS reason for any delay in procenancial Agent to initiate an elever for payment of the federal ust contact the U.S. Treasury	belief, they are true, correct, and creturn. I consent to allow my and to receive from the IRS (a) an ssing the return or refund, and (c) the date ctronic funds withdrawal (direct debit) taxes owed on this return, and the Financial Agent at 1-888-353-4537 no volved in the processing of the electronic			

later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the elect payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

LX ∣ authorize	FICK,	EGGEME I ER	œ	MIDDITHEOUN'	CEND	to entermy rin	
				ERO firm name			Enter five numbers, but do not enter all zeros
as my sigла with a state	ture on the	tax year 2022 electr regulating charities	onic as p	ally filed return. If I have part of the IRS Fed/Stat	e indicated within this return the	nat a copy of the reaction at a copy of the reaction.	eturn is being filed ERO to enter my PIN

on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

CDAC

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date

Certification and Authentication Part III

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

37240063123 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for **Business Returns** 

ERO's signature

PIN: check one box only

03/04/23 Date

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

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

Form 8879-TE (2022)

63123

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

\ Fo	r the	2022 calendar year, or tax year beginning and e	ending		<del></del>			
Ch ap	eck if plicable	C Name of organization		D Employer identific	eation number			
	Address change	INTERNATIONAL CRISIS AID		30-006090	n K			
_	Name change	Doing business as						
L	Initial return Final	Number and street (or P.0. box if mail is not delivered to street address) PO BOX 510167	Room/suite	E Telephone number 314-487-1400				
	Final return/ termin-	FO DOX 510107		G Gross receipts \$	4,935,174.			
	ated Amend return	City or town, state or province, country, and 21- or following poster code		H(a) Is this a group re	turn			
$\overline{}$	Applica			for subordinates	?Yes X No			
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
I Ta	ax-exe	mpt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) o	or 527	1 '	list. See instructions			
	ebsit	CD T CT CX TD ODG		H(c) Group exemption	n number			
/ E	rm of	organization: X Corporation Trust Association Other	L Year	of formation: 2002 N	State of legal domicile: MO			
	200000							
ra		Briefly describe the organization's mission or most significant activities: PROV	IDE AI	D IN THE UN	ITED STATES			
Activities & Governance	1	AND INTERNATIONALLY						
E	2	Check this box if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as	ssets.			
<u>§</u>	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>8</u>				
පි	4	Number of independent voting members of the governing body (Part VI, line 1b)		4				
9		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	17			
Ĕ		Total number of volunteers (estimate if necessary)			552			
<u> </u>	6	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
P	7 a	Net unrelated business revenue from Part VIII, column (o), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
-	b	Net unrelated business taxable income from Form 9901, Faith, line 11		Prior Year	Current Year			
				5,144,351.	4,916,110.			
Revenue		Contributions and grants (Part VIII, line 1h)		0.	0.			
		Program service revenue (Part VIII, line 2g)		18,721.	18,656.			
ev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	408.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,163,072.	4,935,174.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			4,933,174.			
	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.	707,327.			
ທ				655,652.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  169,6	0.	0.				
per	h	Total fundraising expenses (Part IX, column (D), line 25)	14.		1 050 515			
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,201,562.	4,263,646.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,857,214.	4,970,973.			
	19	Revenue less expenses. Subtract line 18 from line 12		305,858.				
-8	15	nevertide less expenses. Cabillate line 10 from line	В	eginning of Current Year	End of Year			
Net Assets or Fund Balances		Tatal accets (Bart V. lino 16)	44,944,0101	4,581,127.				
SSE	20	Total assets (Part X, line 16)		68,338.	125,307.			
et P	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		4,512,789.	4,438,461.			
22	22	Net assets or fund balances. Subtract line 21 from line 20						
Pa	art II	Signature Block alties of perjury, I declare that I have examined this return, including accompanying schedule	oe and etater	nents, and to the hest of m	ny knowledge and belief, it is			
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying screening	thich proper	or has any knowledge	,			
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	mich prepare	i ilas any knowledge.				
				Date				
Sig	n	Signature of officer		(35 m 25 c)				
Her	e	PATRICK BRADLEY, PRESIDENT						
		Type or print name and title		Date Check	II PTIN			
_		Print/Type preparer's name Preparer's signature		- A	10 00000			
Pai	d	KEITH SLUSSER KEITH SLUSSER		03/04/23 sell-emplo	P01215894			
	parer	Firm's name FICK, EGGEMEYER & WILLIAMSON, CP	AS	Firm's EIN 3	7-1231621			
	Only	Firm's address 6240 S. LINDBERGH, STE 101						
030	J,	ST. LOUIS, MO 63123		Phone no.31	4-845-7999			
		RS discuss this return with the preparer shown above? See instructions			X Yes No			
Ma	y the I	HS discuss this return with the preparer shown above? See mandetions			Form 990 (2022)			

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROVIDE AID TO PEOPLE IN NEED WORLDWIDE
_	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes " describe these new services on Schedule O.
3	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.  (Code: ) (Expenses \$ 570,295 · including grants of \$ ) (Revenue \$)
4a	(Code: ) (Expenses \$ 570,295 including grants of \$ ) (Revenue \$ ) (Rev
	LOCAL FAMILIES IN NEED IN SAINT LOUIS, MISSOURI
4b	(Code: ) (Expenses \$ 1,235,327 • including grants of \$) (Revenue \$)
	RESCUING AND RESTORING VICTIMS OF SEX TRAFFICKING THROUGH MULTIPLE SAFE
	HOMES WITH HOLISTIC SERVICES AND MERCY CHAPEL VOCATIONAL TRAINING
	CENTER
	621 000
4c	(Code:) (Expenses \$ 631,899. including grants of \$
	STABILIZATION CENTER, WATER WELL PROJECTS AND MEDICAL MISSION TEAMS
	STABILIZATION CENTER, WATER WELL INCOLOUS IND INDICATE INCOLOUS INCOLOUS INDICATE INCOLOUS IN
	Otto (Describe on Cabadula O)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 2,061,264 • including grants of \$ ) (Revenue \$ )
40	(Expenses \$ 2,061,264 • including grants of \$ ) (Revenue \$ )  Total program service expenses 4,498,785 •
4e	Form 990 (2022)

Form 990 (2022) INTERNATIONAL CRISIS AID
Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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			
4	during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			
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
_	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in guasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	444		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie	-	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			, v
	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	X	<b>├</b> ^
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	^	-
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	14b	x	
	or more? If "Yes," complete Schedule F, Parts I and IV	140		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	,_		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Α_
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	_	X
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			x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Eorn	990	(2022)

Form	990 (2022) INTERNATIONAL CRISIS AID 30-0060	905	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)		Vas	Na
/.=			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
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	23		Х
	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than orespect as a same last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	last day of the year, that was issued after December 31, 2002 (11 Fes, answer lines 245 through 245 t	24a		Х
	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception.  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
С		24c		
	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
D	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		X
ae.	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):	3 1		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			١
	"Yes." complete Schedule L. Part IV	28a	ļ	X
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	_	Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			₩
	"Yes." complete Schedule L. Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	Δ.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes." complete Schedule M	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
	Schedule N, Part II	32	-	<del>  ^</del>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	+
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
	Part V, line 1			X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	000	1	
Ь	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		
	within the meaning of section 512(b)(13)? If tes, complete screedie 11, factor, in a 2.  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36	If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
38	Note: All Form 990 filers are required to complete Schedule O	38	X	
Da	Int V Statements Regarding Other IRS Filings and Tax Compliance			7
	Check if Schedule O contains a response or note to any line in this Part V			
-	Officery II Confederic Confederic & Companies of France Country and Confederation Conf		Yes	No
4.	Enter the number reported in box 3 of Form 109b, Enter -0- If not applicable	0	TO S	
1 č	Enter the number of Forms W-2G included on 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		III	1
	(gambling) winnings to prize winners?	1c	X	
_	A Y	Forr	n <b>990</b>	(2022

Form 990 (2022) INTERNATIONAL CRISIS AID

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		1	ř		Yes	No			
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			17					
	filed for the calendar year ending with or within the year covered by this return	2a			Х				
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns of \$1,000 or more during the year?					X			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			(4)					
b	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over a	998		_			
4a	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X			
	If "Yes," enter the name of the foreign country	4000	***************************************						
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).	-					
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		X			
oa h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	action	?	5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
62	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
ua	any contributions that were not tax deductible as charitable contributions?			6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions	or gifts						
_	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the pay	/or? <b>7a</b>		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	******		7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w								
	to file Form 8282?	·		7c	_	X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	<del></del>						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	act?	7e	-	-			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f	-	<u> </u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	8899 as required's	7g	-	-			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	tile a Form 1098	C? <b>7h</b>					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	а ву т	ne	8					
	sponsoring organization have excess business holdings at any time during the year?	1477555		0					
9	Sponsoring organizations maintaining donor advised funds.			9a					
а									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				Un il				
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10L	+		100				
ี บ 11	Section 501(c)(12) organizations. Enter:								
'' a	Gross income from members or shareholders	11a							
	Gross income from other sources. (Do not net amounts due or paid to other sources against			7,00					
-	amounts due or received from them.)	115	2						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	104	1?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12t							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-77					
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.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	í -	î						
	organization is licensed to issue qualified health plans	13t	_	X					
С	Enter the amount of reserves on hand	130			-	v			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	1	Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched	ule O	***************	14b	+-	-			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun			4,-		x			
	excess parachute payment(s) during the year?			15					
	If "Yes," see the instructions and file Form 4720, Schedule N.	nt :	omo?	16		х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	rit inc	omer was	10					
	If "Yes," complete Form 4720, Schedule O.	ctiviti	96						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any a that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	CLIVILI	00	17					
				4.10.00					
2000	If "Yes," complete Form 6069.			For	n <b>990</b>	(2022)			

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI		***************************************		71141						
Sec	tion A. Governing Body and Management				Yes	No					
		1 40	1 8		163	140					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4							
	If there are material differences in voting rights among members of the governing body, or if the governing			- 1							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	۱.,	.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		4 1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any otner	2	х						
	officer, director, trustee, or key employee?	3.3000.500	aram amananama	2	-21	_					
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision		- 1	Х					
	of officers, directors, trustees, or key employees to a management company or other person?			3	_	<u>x</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	5	_	X					
5											
6	Did the organization have members or stockholders?	******		6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					X					
	more members of the governing body?			7a	_						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or	L		v					
	persons other than the governing body?			7b		_ <u>X</u> _					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:		77						
а	The governing body?			8a	X	_					
b	Each committee with authority to act on behalf of the governing body?			8b	A						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			77					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u> </u>					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	re Code.)								
				_	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapte	rs, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	100					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		an again man an an	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	describe	1							
	on Schedule O how this was done			12c	X	-					
13	Did the organization have a written whistleblower policy?	******	44114114144	13	X	_					
14	Did the organization have a written document retention and destruction policy?	******		14	X	_					
15	Did the process for determining compensation of the following persons include a review and approx	/al by i	independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?									
а	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization	440000		15b	X	_					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				1 5	181					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a	200	111111						
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation			Ct					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anizati	on's								
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed MO										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 99	90-T (section 501(c)(	3)s only	/) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Uter (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflic	t of interest policy, a	and fina	ncial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks a	and records								
	PATRICK BRADLEY - 314-487-1400										
	PO BOX 510167, ST. LOUIS, MO 63151										

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

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

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

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

See the instructions for the order in which to list.  Check this box if neither the organization r	or any related	orga	niza	ation	cor	npe	nsa	ted any current officer, o	director, or trustee.	<b>1</b> =-
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box, unless person is bot officer and a director/trus			is bot	h an tee)	compensation	compensation from related	amount of other	
	week	-	1				_	from the	organizations	compensation
	(list any hours for	Individual trustee or director				-			(W-2/1099-MISC/	from the
	related	10 as	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	ᆵ		oyee	omp		1099-NEC)		and related
	below	vidual	Institutional trustee	55	Key employee	Highest compensated employee	ia.			organizations
	line)	iĝ	Insti	Officer	Key	<b>E</b> E	균			
(1) PATRICK BRADLEY	40.00							115 150	0.	0.
PRESIDENT		X	_	X	_	_	_	115,258.	0.	0.
(2) MIKE LEMP	40.00							00 565	0.	0.
SECRETARY	40.00	Х	_	X	_	_	_	98,565.	0.	0.
(3) SUSAN BRADLEY	40.00		1	1,,				E1 E22	0.	0.
VICE PRESIDENT	1 00	X	-	X	⊢	┝	_	51,522.	0.	
(4) DANE WELCH	1.00	٠,		7,				0.	0.	0.
VICE PRESIDENT	1 00	X	-	X	⊢	⊢	⊢	· · ·	•	
(5) JERRY FITZGERALD	1.00	Į.,		x				0.	0.	0.
TREASURER	1 00	X	-	14	₩	╄	-	0.	0.	
(6) CHRIS IGO	1.00	١.,	1	1				0.	0.	0.
DIRECTOR	1 00	X	1	⊢	╀	╀	┝	U .	0.	
(7) JAMES FILLINGAME	1.00	٠,,	1					0.	0.	0.
DIRECTOR	1 00	X	┼	-	₩	-	$\vdash$	0.		0.
(8) CAROLI YOUNG	1.00	٠,	1				l	0.	0.	0.
DIRECTOR		X	╀	$\vdash$	╀	╁	⊢	ļ		
		-	1	1		1				
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		-				1				
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		1		1						
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Form 990 (2022) INTERNAT:									30-0060	903	Pag	e <b>o</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C					_
(A) Name and title	(B) Average hours per week	Position o not check more than one x, unless person is both an ficer and a director/trustee)					<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	am	(F) timated ount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fro orga and	pensation om the anization d related nization	n I
												_
1b Subtotal								265,345.	0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								265,345.	0.			0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed at	oove	e) wh	o re		0,000 of reportable	•		
compensation from the organization											Yes I	1 No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such individual		0000000							3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab	le co	ompi	ensa ete S	atior Sche	n and edule	otl	her compensation from for such individual	the organization	4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion f	rom	any	unr unr	elat	ed organization or indiv	idual for services	5		X
Section B. Independent Contractors												
Complete this table for your five highest co the organization. Report compensation for	ompensated in the calendar v	dep ear	ende endi	ent c	ontı vith	racto or w	rs t ithir	that received more than the organization's tax	\$100,000 of compen year.	sation f	rom	
(A) Name and business			ONE					(B) Description of s		(C Compe	s) esation	
Total number of independent contractors \$100,000 of compensation from the organ		not li	imite	d to		se lis	stec	d above) who received r	nore than	Form	<b>990</b> (20	222

		(2022) INTERNATIONAL	CRISIS A	AID		30-0060	905 Page
Pai	t VI						
-		Check if Schedule O contains a response	or note to any line	e in this Part VIII (A) Total revenue	Related or exempt		from tax under
82 95 T	4.5	a Federated campaigns 1a			Turiction revenue	Dusiness revenue	sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		2222222222					
اع تي		Membership dues 16 1c					
ar A		d Related organizations 1d					
S,E		Government grants (contributions) 1e				The state of the state of	
<u>e</u>		All other contributions, gifts, grants, and					e e oup.
E E			916,110.				No. of the second
들임	ç	Noncash contributions included in lines 1a-1f	14,841.			-05.54	deligni a
S E	ŀ	Total. Add lines 1a-1f		4,916,110.			
			Business Code				
e	2 a	a					
Program Service Revenue	t						
Sul	c	>					
leve	c	d					
<u>Б</u> .	6						
<u>-</u>	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere		18,656.	18,656.		
		other similar amounts)		10,000.	10,030.		
	4	Income from investment of tax-exempt bond p					
	5	Royalties (i) Real	(ii) Personal				
	_		(II) Personal		4.1		
		a Gross rents 6a					
		b Less: rental expenses 6b 6c Rental income or (loss)			371		PLAN NO.
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	, ,	assets other than inventory 7a	· '		3-11		
		b Less: cost or other basis					
e l	•	and sales expenses 7b			17 N. W. C. 184		
le l		Gain or (loss)					
Re		d Net gain or (loss)	**********				
ther Revenue		a Gross income from fundraising events (not		10 10 10 10	2.25		
ŏ		including \$ of	1 1				
		contributions reported on line 1c). See				- 1 N. 18	
		Part IV, line 18			2 1 1 2		
		b Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 a	a Gross income from gaming activities. See	1				A
		Part IV, line 19					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns and allowances 10a	J I				
		and allowances 10a b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
-		. Net income or hossy normalies of inventory	Business Code				
SIC	11 4	a OTHER	900099	408.	408.		
nue		o o o o o o o o o o o o o o o o o o o					
ella							
Miscellaneous Revenue		d All other revenue					
2		e Total. Add lines 11a-11d	***************************************	408.			
	12	Total revenue. See instructions		4,935,174.	19,064.	0.	0

0.

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 (B) Program service (C) (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Fundraising 7b. 8b. 9b, and 10b of Part VIII. expenses 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, 53,069. 13,267. 199,009. 265,345. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 88,396. 22,096. 441,982. 331,490. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (nonemployees): 11 a Management b Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 38,022. 64,741. 102,763. column (A), amount, list line 11g expenses on Sch O.) 16,500. 16,500. 33,000. 12 Advertising and promotion 14,323. 2,525. 16,848. Office expenses 13 Information technology 14 15 Royalties 21,238. 21,238. 42,476. 16 Occupancy 6,276. 6,276. 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates \_\_\_\_\_ 21 5,648. 5,648. Depreciation, depletion, and amortization 22 3,357. 3,357. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 3.841.687. 3,841,687. PROJECT EXPENSES 104,614. 104,614. FUNDRAISING 47,950. 23,975. 23,975. PRINTING & COPYING 18,256. 18,256. CONTRIBUTIONS TO OTHERS 5,662. 23,782. 11,327. 40,771. e All other expenses 4,498,785. 169,614. 4,970,973. 302,574. 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 (2022)

	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	4,007,388.	1	3,975,769.
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 any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	50.005
9	Prepaid expenses and deferred charges	8,172.	9	50,085
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 57,907			45 605
b	Less: accumulated depreciation 10b 42,280	13,066.	10c	15,627
11	Investments - publicly traded securities		11	500 000
12	Investments - other securities. See Part IV, line 11		12	522,287
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	4 562 560
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,581,127.	16	4,563,768
17	Accounts payable and accrued expenses	62,486.	17	77,542
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	5,852.	25	47,765
	of Schedule D	68,338.		125,307
26	Total liabilities. Add lines 17 through 25	00,330	26	123,301
	Organizations that follow FASB ASC 958, check here		100	
	and complete lines 27, 28, 32, and 33.	1,261,654.	27	1,281,716
27	Net assets without donor restrictions	2 251 135	28	3,156,745
28	Net assets with donor restrictions	3,231,133.	20	3/233/123
i	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.		29	
29	Capital stock or trust principal, or current funds		30	
30	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	4,438,461
	Total net assets or fund balances	4,581,127		4,563,768
33	Total liabilities and net assets/fund balances	1,001,121	001	Form <b>990</b> (202

Form **990** (2022)

Par	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ш		
1 2	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	1 2 3	4,935 4,970	9,9			
3	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
4		5	4,512		29.		
5	Net unrealized gains (losses) on investments	6	-58.2	•			
6	Donated services and use of facilities	7					
7	Investment expenses	8					
8	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
9 10	Other changes in het assets of fund balances (explain of excluded of						
Pai	rt XII Financial Statements and Reporting						
10 500	Check if Schedule O contains a response or note to any line in this Part XII		********		X		
	Chock in Contraction Contraction Contraction			Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu	le O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:		853				
	Separate basis Consolidated basis Both consolidated and separate basis		17.00				
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,					
	consolidated basis, or both:						
	X 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	ne audit,		v	V.		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on So	hedule O.					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				x		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired audit	3b				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	*****	3D		_		

#### **SCHEDULE A**

(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 30-0060905 INTERNATIONAL CRISIS AID Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (vi) Amount of other (iv) is the organization listed in your governing document? (v) Amount of monetary (iii) Type of organization (i) Name of supported (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,236,230.	4,428,752.	5,449,544.	5 144 351	4,916,110.	24,174,987.
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					4 046 440	04 174 007
4	Total. Add lines 1 through 3	4,236,230.	4,428,752.	5,449,544.	5,144,351.	4,916,110.	24,174,987.
5	The portion of total contributions		1-1-1-1-1				
	by each person (other than a						
	governmental unit or publicly			JE5 - 5 5-4	N - 1 - 1 - 1	100	
	supported organization) included	A. (1.18)		- 1			
	on line 1 that exceeds 2% of the	1 La (1) (1 La (1)	25.11-5-1			5 1 1 1 1 1 1	
	amount shown on line 11,		30.00				214 046
	column (f)						214,946.
	Public support. Subtract line 5 from line 4.			WE THE STATE OF			23,960,041
_	ction B. Total Support					( ) 2000	76 T. L.I
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021 5,144,351,	(e) 2022	(f) Total 24,174,987.
	Amounts from line 4	4,236,230.	4,428,752.	5,449,544.	5,144,351.	4,916,110.	24,174,507.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 007	10 721	15,402.	18,721.	18,656.	77,307.
	and income from similar sources	4,807.	19,721.	15,402.	10,721.	10,030.	17,307.
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					408.	408.
	assets (Explain in Part VI.)					7 1 1	24,252,702.
	Total support. Add lines 7 through 10	-t- (it-u-ti	200			12	
12	Gross receipts from related activities <b>First 5 years.</b> If the Form 990 is for the	, etc. (see instruction)	rat accord third t	fourth or fifth tax y			
13						30 1(0)(0)	
50	organization, check this box and sto ction C. Computation of Pub						
	Public support percentage for 2022 (			column (fl)		14	98.79 %
	Public support percentage from 2027						86.88 %
15	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	
100	stop here. The organization qualifies	as a publicly supp	orted organization	varivas			X
	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
٠	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17:	10% -facts-and-circumstances tes	at - 2022. If the ord	anization did not o	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
176	and if the organization meets the fac	ts-and-circumstand	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	blicly supported o	organization		
ı	10% -facts-and-circumstances tes	st - 2021. If the ord	anization did not o	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
•	more, and if the organization meets t	he facts-and-circur	nstances test, che	ck this box and st	<b>op here.</b> Explain i	n Part VI how the	<u></u>
	organization meets the facts-and-circ	cumstances test. T	ne organization au	alifies as a publicly	supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	s
18	Private toundation. If the organization	on did not check a	DOX OF HIRE 13, 10a	a, TOD, ITA, OF TIL	, officer alia box a	000 1011 0011011	

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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-				1		
	formed, or facilities furnished in any activity that is related to the				1		
	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				1		
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ь	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that				1		
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
_	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is				1		
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here	************					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (			column (f))	VIII. (1711-1711)	15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	22 (line 10c, colur	nn (f), divided by li	ine 13, column (f))	0.0000500000000000000000000000000000000	17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17		.,	18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line <sup>1</sup>	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiz	ation	
Ŀ	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	op here. The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	

#### Part IV Supporting Organizations

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

## S

ec	tion A. All Supporting Organizations			· · ·
			Yes	No
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		- 1	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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).	2	_	
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		W.S.	0.5
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		1113	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		. P	7=2.
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	Janes		
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	ke m.j		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		dt	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		Sp II	
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	E 2 1	100	
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	3.1 Y	T.	
	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		100	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		1 8	
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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	4.		
	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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as 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).	7	-	_
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?			
	If "Yes," complete Part I of Schedule L (Form 990).	8	_	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		1	
	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.	9a		_
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on 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.	9c	_	_
l0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			100
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			.DE
	supporting organizations)? If "Yes," answer line 10b below.	10a		

**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.)

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.	T
Sect	on 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		
	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):			N. A.A.A.
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	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 0.015 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 0.035.	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 0.85 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	5		
	emergency temporary reduction (see instructions).  Check here if the current year is the organization's first as a non-function	6		

Schedule A (Form 990) 2022

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.			i an recirc
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			5
				16-4-1-6-1-2-6
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D, line 7:			
_	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount		The state of the s	
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	- ( 0040			
_	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
_	Excess from 2022			

Schedule A (Form 990) 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

INTERNATIONAL CRISIS AID 30-0060905								
Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> 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							
General Rule  For an organization	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor.	ng \$5,000 or more (in money or						
Special Rules								
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, go the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (1) 2, line 1. Complete Parts I and II.	and that received from any one						
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from g the year, total contributions of more than \$1,000 exclusively for religious, charitable, stional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (b) instead of the contributor name and address), II, and III.	scientific,						
year, contribution is checked, enter purpose. Don't co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
Caution: An organization to answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B he 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-F ng requirements of Schedule B (Form 990).	(Form 990), but it <b>must</b>						

#### SCHEDULE C (Form 990)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Tax) (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Name of organization 30-0060905 INTERNATIONAL CRISIS AID Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 3 Volunteer hours for political campaign activities Part I-B Complete if the organization is exempt under section 501(c)(3). 1 Enter the amount of any excise tax incurred by the organization under section 4955 No 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$\_\_\_\_\_\_\$ 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$\_\_\_\_\_\_ 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \_\_\_\_\_\_\_\_\$\_\_ 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (c) EIN (d) Amount paid from (e) Amount of political (b) Address (a) Name contributions received and filing organization's promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

Part II-A   Complete if the organi	zation is eye	mpt under sectio	n 501(c)(3) and file		election under
section 501(h)).	LUCION IS EXC	inpe direct occito			ener de arena a estala batenta e
A Check if the filing organization expenses, and share of	excess lobbying	expenditures).		group member's nai	me, address, EIN,
B Check if the filing organization  Limits or  (The term "expenditur	Lobbying Expe	nditures		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influence	e public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines	1a and 1b)				
e Total exempt purpose expenditures (ac					
f Lobbying nontaxable amount. Enter th			24		
If the amount on line 1e, column (a) or (b)		bying nontaxable am			
Not over \$500,000		the amount on line 1e			Mary State
Over \$500,000 but not over \$1,000,00		00 plus 15% of the exc 00 plus 10% of the exc			
Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000.		00 plus 5% of the exce			
Over \$17,000,000	\$1,000,		λου στοι φτησσσήσσοι		
Over \$17,000,000	1 0.,000,				
h Subtract line 1g from line 1a. If zero or i Subtract line 1f from line 1c. If zero or j If there is an amount other than zero or reporting section 4911 tax for this year (Some organizations that it	ess, enter -0- n either line 1h or ? 4-Year Ave nade a section 5	line 1i, did the organiz	ation file Form 4720 Section 501(h) have to complete all c		Yes No
		nditures During 4-Ye			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures				_	
d Grassroots nontaxable amount					
e Grassroots ceiling amount		THE PROPERTY.			3
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		a)	(1	0)
of the lobbying activity.	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state,	or			
local legislation, including any attempt to influence public opinion on a legislative matte	er hijimili			
or referendum, through the use of:				
a Volunteers?	0.0000000000000000000000000000000000000	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c thro	ough 1i)?	X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		Х		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	0.0000000000000000000000000000000000000	X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?	NAME OF THE PARTY	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar mea	ins?	X		
i Other activities?	X			0.
j Total. Add lines 1c through 1i				0.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(c)	3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section	4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	inana manana			
Part III-A Complete if the organization is exempt under section 501(	c)(4), section 501(c	)(5), or	section	
501(c)(6).	3 241			
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3 Did the organization agree to carry over lobbying and political campaign activity expensar III-B Complete if the organization is exempt under section 501(	ditures from the prior year	ar?	3	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."  1 Dues, assessments and similar amounts from members			1	
		*****		
Section 162(e) nondeductible lobbying and political expenditures (do not include amb expenses for which the section 527(f) tax was paid).				
a Current year		2	a	
b Carryover from last year			2b	
- AND			2c	
<ul> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 1</li> </ul>	162(e) dues		3	
the second and the se				
If notices were sent and the amount on line 2c exceeds the amount on line 3, what polices the organization agree to carryover to the reasonable estimate of nondeductible			-1	
	loopying and pointed		4	
expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions			5	
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (a	affiliated group list). Part	II-A lines	1 and 2 (See	
	armatod group not,, r dre	1171, 111100	, (555	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

INTERNATIONAL CRISIS AID

Employer identification number 30-0060905

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(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 advis	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not on a	
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, 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	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		W
Pai	t III Organizations Maintaining Collections of		otner Similar Assets.
_	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		<u>,</u> \$
2	If the organization received or held works of art, historical tree		al gain, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
ь	Assets included in Form 990, Part X		\$

	t III Organizations Maintaining C								tinued	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that	t make si	ignificant use o	of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı	Loan or exc	hange progra	ım				
b	Scholarly research e Other									
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organizatio	on's exer	npt purpose in	Part XIII.		
5	During the year, did the organization solicit o								_	
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	nization's c	ollection?		***********	Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on	Form 990, Par	t IV, line 9,	or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included			_
	on Form 990, Part X?			*********	********		*********	, L Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:			ř Ť			
								Amou	ınt	
С	Beginning balance				**********	****	1c			
d	Additions during the year						1d			
е	Distributions during the year				*********					
	Ending balance							1 1		
	Did the organization include an amount on Fo						ty?	Yes	F	⊣ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has beer	provided on	Part XIII			L	
Par	t V Endowment Funds. Complete it				orm 990, Part	IV, line 1	O.	and I tak E	NIE NOOI	ro baok
		(a) Current year	(b) P	rior year	(c) Two year	S Dack	(d) Three years t	Jack (e) Fo	Jur year	SUAUK
1a	Beginning of year balance									
b	Contributions							_		
С	Net investment earnings, gains, and losses							_		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs				<u></u>					
f	Administrative expenses							_		
g	End of year balance				ļ					
2	Provide the estimated percentage of the curr		ce (line 1	g, column (	a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment									
С	Tomi ondownion:	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for th	ne		Yes	No
	organization by:							0-1	-	140
	(i) Unrelated organizations									+-
	(ii) Related organizations									+-
b	If "Yes" on line 3a(ii), are the related organiza				.,			<u>3b</u>		
4	Describe in Part XIII the intended uses of the		owment	tunas.						_
Pai	t VI Land, Buildings, and Equipm  Complete if the organization answere		O Dart IV	/ line 11a '	See Form 990	Part X	line 10			
							cumulated	(d) B	ook va	الم
	Description of property	(a) Cost or of basis (investr			t or other (other)		reciation	(0) 50	JUN VA	iue
1a	Land	<del></del>								
	Buildings	20/411								
	Leasehold improvements									
	Equipment			5	7,907.		42,280.		15,	627.
е	Other	200							-	
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)				15,	627.

Conodate B (1 cmm coc) = c==	L CRISIS AID	30-0060905 Page 3
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of	n Form 990 Part IV line 1	1h See Form 990 Part X line 12
	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(a) Description of security or category (including name of security)	(D) BOOK VAIGE	(c) Wethod of Valuation. Cost of ond of your market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other	06 407	END-OF-YEAR MARKET VALUE
(A) INVESTMENTS	96,407. 425,880.	COST WARRET VALUE
(B) CERTIFICATES OF DEPOSIT	425,000.	COS1
(C)		
(D)		
(E)		
(F)		
(G)		
(H)	E00 007	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	522,287.	
Part VIII Investments - Program Related.		4 0 5 × 000 Post V Post 40
Complete if the organization answered "Yes" of		(c) Method of valuation: Cost or end-of-year market value
(a) Description of investment	(b) Book value	(c) Method of Valuation. Cost of end-or-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		
(a) E	escription	(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. (B) 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	48.865
(2)	FUTURE MINIMUM LEASE OBLIGATIONS	47,765.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		47,765.
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	47,703.

<sup>2.</sup> 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

INTERNATIONAL CRISIS AID 30-00 of Revenue per Audited Financial Statements With Revenue per Return. Schedule D (Form 990) 2022

Pai	Reconciliation of Nevertue per Addition Form 000, Bort IV		ternament. € 1 1313	atoministration in	
	Complete if the organization answered "Yes" on Form 990, Part IV,			1	4,896,645.
1	Total revenue, gains, and other support per audited financial statements				2/30 2/3 23 2
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	-38,529.		
	Net unrealized gains (losses) on investments			· ·	
b		.,,,,,,,,,,,,			
С				500 N	
d		*** ********		2e	-38,529.
е	J			3	4,935,174.
3	Subtract line 2e from line 1				****
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
а	Investment expenses not included on Form 990, Part VIII, line 7b	(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(1)(			
b		20-22-22-22		4c	0
С	Add lines 4a and 4b			5	4,935,174.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII   Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per		
Ра	Heconciliation of Expenses per Audited Financial C	ling 122	Expenses por		Halinesia.
	Complete if the organization answered "Yes" on Form 990, Part IV,			1	4,970,973.
1	Total expenses and losses per audited financial statements				-1-1-1-1-1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a			
а		************			
b		***********		- VI	
С					
d	Of MANAGEMENT TO SEE THE SECOND OF THE SECON			2e	0
е	ORDER MATERIAL CONTROL OF SERVICE AND			3	4,970,973.
3	Subtract line 2e from line 1			3	2/3/3/3/3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b				4c	0 •
58	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lines)	191		5	4,970,973.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Farth, line art XIII Supplemental Information.	(0,)			
Pa	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	nd 4: Part IV lines 1h	and 2h: Part V line	4· Part	X. line 2: Part XI.
Prov	ride the descriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a and 5 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	nation.	,,, .	, <u>_</u> , . <u>_</u> ,,
lines	s 20 and 40; and Part XII, lines 20 and 4b. Also complete this part to provide	arry additional inform			
_					
DΔ	RT X, LINE 2:				
FA	RI A, DINE 2:				
ਆਬ	E ORGANIZATION ADOPTED THE PROVISIONS	OF ACCOUNT	ING FOR UN	CER	TAINTY IN
	E ORGANIZATION INDOTTED THE THOUSESTEEL				
TN	COME TAXES ON JANUARY 1, 2011. THE AL	OOPTION OF	THAT GUIDA	NCE	RESULTED
	COME IMMED ON CILICIAN 1, LOUIS 1				
TN	NO CHANGE TO THE FINANCIAL STATEMENTS	FOR PRIOR	PERIODS.	AS	OF
	NO CIMENCE TO THE TELEVISION DESCRIPTION OF THE PERSON OF				
nв	CEMBER 31, 2022, NO AMOUNTS HAVE BEEN	RECOGNIZED	FOR UNCER	TAI	N TAX
PΩ	SITIONS. ANY RETURNS THAT THE ORGANIZ	ZATION WOUL	D HAVE PRE	PAR	ED FOR TAX
	DITIONDY 12(1 N21010)D 1001				
VE	ARS 2019 AND PRIOR ARE NOW CLOSED.				
113	ARD 2019 MED INION INC. COURSE				
_					
_					
_					
_					

#### SCHEDULE F (Form 990)

## **Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

TNTERNA	rTONAL C	RISIS AI	D		30-006090	5
Part I G	eneral Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	'es" on
F	orm 990, Part IV	', line 14b.				
1 For gran	<b>tmakers.</b> Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other assistance,	v
the grant	tees' eligibility fo	or the grants or a	assistance, and t	the selection criteria used to award the	e grants or assistance?	Yes No
2 For gran	itmakers. Descr	ribe in Part V the	organization's p	procedures for monitoring the use of its	s grants and other assistance outs	side the
United S					(6.1026)	
		ne following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.) (e) If activity listed in (d)	(f) Total
(a) R	egion	offices	employees	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region		gram services, investments, grants to	describe specific type	for and investments
			contractors in the region	recipients located in the region)	of service(s) in the region	in the region
			in the region			
		1			FOOD, ORPHANAGES,	1 605 017
ETHIOPIA		1	12	HUMANITARIAN SERVICES	MEDICAL	1,697,817.
		i i				
			-			
2 a Cubtata	1	1	12			1,697,817.
	m continuation					
	o Part I	C				0.
	add lines 3a					1 697 817.
			1 11	16		1 1 UJ/ O1/-

INTERNATIONAL CRISIS AID

Schedule F (Form 990) 2022 INTERNATIONAL CRISIS AID 30 – 0060905

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000, Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(n) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
Enter total number of exempt 501(c)(3) org.	Enter total number of recipient organizations listed a exempt 501(c)(3) organization by the IRS, or for white the organization or antificial contribution of author and other parts of the organizations or antificial contribution.	ns listed above that are or for which the grantee	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter.	foreign country ction 501(c)(3) ed	, recognized as a tax quivalency letter	<b>A A</b>		
1	סנופן סיקמווצמוטווס	. column .					Sche	Schedule F (Form 990) 2022

30-0060905

Page 3

INTERNATIONAL CRISIS AID

Schedule F (Form 990) 2022 INTERNATIONAL CRISIS AID 30-0060905

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)			G a			Schedule F (Form 990) 2022
(g) Description of noncash assistance						Sched
(f) Amount of noncash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
c) Number of recipients						
(b) Region						
(a) Type of grant or assistance (b) Region						

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Schedu	ule F (Form 990) 2022 INTERNATIONAL CRISIS AID	30-0060905	Page 4
Part			
i	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2022

Part V	Supplemental information  Supplemental information  Supplemental information  Supplemental information  Supplemental information
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
	(estimated number of rediplome), as approached the semi-post and part in
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)	
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#### SCHEDULE O (Form 990)

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

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public Inspection

Name of the organization

INTERNATIONAL CRISIS AID

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 CURRICULM. REVENUE \$ 0. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 113,401. 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 \$ 131,909. PROVIDE AID TO PEOPLE IN NEED IN AFRICA AND AROUND THE WORLD. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 1,623,549. PROVIDE DISASTER RELIEF IN THE UNITED STATES AND AROUND THE WORLD. REVENUE \$ 0. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 192,405. 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

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		LEVY.	
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	2 -		
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		1111	
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		10	100
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	_1_	1000	
2	Did the organization operate for the benefit of any supported organization other than the supported	3.17		KT)
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	127		
	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	tion C. Type II Supporting Organizations	_	Vaa	NI-
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	0.00		h.
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			100
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
	the supported organization(s). tion D. All Type III Supporting Organizations			
Sec	tion D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	17 0 -		
	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 provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	154.8		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	14.7	111.50	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	11 - 3		
٠	significant voice in the organization's investment policies and in directing the use of the organization's		-	ATT.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2 1		
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	·).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 1 5		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	100
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	76		
	one or more 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	Parent of Supported Organizations. Answer lines 3a and 3b below.	111-1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	at to autoported evacous attendes if the second of the part of the blaved by the broadization in this regard.	1 00	10	