

Form 990 Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021 Open to Public Inspection

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

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION INC. D Employer identification number: 52-1676953. E Telephone number: (410) 750-9600. F Name and address of principal officer: RICHARD BARTON, 3290 PINE ORCHARD LANE 106, ELLICOTT CITY, MD 21042. G Gross receipts \$ 2,464,855. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: WWW.ICISF.ORG. K Form of organization: Corporation. L Year of formation: 1990. M State of legal domicile: MD.

Part I Summary

Table with columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: EDUCATION/CONSULTATION CRITICAL INCIDENT STRESS. 2 Check this box. 3 Number of voting members of the governing body: 11. 4 Number of independent voting members of the governing body: 11. 5 Total number of individuals employed in calendar year 2021: 19. 6 Total number of volunteers (estimate if necessary): 16. 7a Total unrelated business revenue from Part VIII, column (C), line 12: 0. 7b Net unrelated business taxable income from Form 990-T, Part I, line 11: 0. 8 Contributions and grants: 238,443. 9 Program service revenue: 968,040. 10 Investment income: 91. 11 Other revenue: 442,025. 12 Total revenue: 1,648,599. 13 Grants and similar amounts paid: 0. 14 Benefits paid to or for members: 0. 15 Salaries, other compensation, employee benefits: 1,126,038. 16a Professional fundraising fees: 0. 16b Total fundraising expenses: 103,677. 17 Other expenses: 635,016. 18 Total expenses: 1,761,054. 19 Revenue less expenses: -112,455. 20 Total assets: 1,126,959. 21 Total liabilities: 726,518. 22 Net assets or fund balances: 400,441.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: RICHARD BARTON CEO. Date: 2022-11-11.

Paid Preparer Use Only: Print/Type preparer's name: GORFINE SCHILLER & GARDYN PA. Preparer's signature, Date, Check if self-employed, PTIN P00224106, Firm's EIN 52-1231901, Firm's address 10045 RED RUN BLVD SUITE 250 OWINGS MILLS, MD 21117, Phone no. (410) 356-5900.

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2021)

Part 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: THE MISSION STATEMENT OF THE ICISF IS TO PROVIDE LEADERSHIP, EDUCATION, TRAINING, CONSULTATION, AND SUPPORT SERVICES IN COMPREHENSIVE CRISIS INTERVENTION AND DISASTER BEHAVIORAL HEALTH SERVICES TO THE EMERGENCY RESPONSE PROFESSIONS AND OTHER ORGANIZATIONS AND COMMUNITIES WORLDWIDE.

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

4a	(Code:) (Expenses \$ 1,295,450 including grants of \$) (Revenue \$ 2,044,826)
EDUCATION AND TRAINING: DEVELOPMENT AND PRESENTATION OF EDUCATION AND TRAINING PROGRAMS IN THE AREAS OF: INDIVIDUAL AND GROUP CRITICAL INCIDENT STRESS MANAGEMENT AND POST TRAUMA SYNDROMES, INDIVIDUAL AND GROUP PEER SUPPORT / CRISIS INTERVENTION TECHNIQUES, WORKPLACE TRAUMA, PSYCHOTRAUMATOLOGY, DISABLING STRESS, DISASTER PSYCHOLOGY, CRISIS INTERVENTION, INDIVIDUAL AND ORGANIZATIONAL RESILIENCY, CRISIS MANAGEMENT, CRISIS LEADERSHIP AND STRATEGIC PLANNING REGIONAL TRAININGS OFFERING AN ARRAY OF TRAINING COURSES AND PROGRAMS NATIONAL / INTERNATIONAL SPEAKERS' BUREAU APPROVED INSTRUCTOR PROGRAMS (AI) (TRAINING INSTRUCTORS TO TEACH THE COURSES) AND TRAINING MANUALS FOR ICISF CORE AND ELECTIVE CURRICULUM PUBLISHING OF WORKBOOKS FOR CURRICULUM IN CRISIS INTERVENTION AND MANAGEMENT APPROVED INSTRUCTOR ASSISTANCE, REVISION OF CURRICULUM FORMAT AND THE FUTURE IMPLEMENTATION OF AI MENTOR PROGRAM CERTIFICATE OF SPECIALIZED TRAINING PROGRAM (COST), A PROGRAM OF MULTIPLE COURSES RESULTING IN A CERTIFICATE OF ADVANCED TRAINING SPONSORSHIP OF BIENNIAL WORLD CONGRESS ON STRESS, TRAUMA AND COPING ONLINE TRAINING AND WEBINARS	
4b	(Code:) (Expenses \$ 157,480 including grants of \$) (Revenue \$)
OUTREACH AND CONSULTATION: COORDINATION SERVICES FOR OVER EIGHT HUNDRED CISM TEAMS IN FOURTEEN NATIONS IN ADDITION TO MEMBER RESOURCES IN THIRTY EIGHT NATIONS OF VARIOUS NETWORKS AND CONFIGURATIONS CRITICAL INCIDENT STRESS CLEARINGHOUSE, WHICH HANDLES THOUSANDS OF REQUESTS FOR CIS INFORMATION YEARLY (EMERGENT, URGENT, ROUTINE IN NATURE AND WEBSITE VISITS) TWENTY-FOUR HOUR EMERGENCY HOTLINE, WHICH PROVIDES CONSULTATION TO HOTLINE CALLERS WHEN A CRISIS SITUATION IS EMERGENT OR URGENT, REQUIRING IMMEDIATE ATTENTION PARTNERSHIPS WITH ALLIED AGENCIES AND ORGANIZATIONS IN DISASTER RESPONSE AND CRISIS INTERVENTION NONE ON ONE CONSULTATION WITH INDIVIDUALS, ORGANIZATIONS, AND AGENCIES IN COMPREHENSIVE CRISIS INTERVENTION THERE ARE 140 ACTIVE TEAMS THAT HAVE AN ICISF MEMBERSHIP	
4c	(Code:) (Expenses \$ 62,686 including grants of \$) (Revenue \$ 167,425)
MEMBERSHIP BENEFITS AND SERVICES: QUARTERLY NEWSLETTER ROUTINE AND EMERGENCY CRITICAL INCIDENT STRESS CONSULTATION TEAM MEMBERSHIP IN ICISF PLACES THE TEAM IN AN INTERNATIONAL NETWORK OF CISM ENABLING ACCESS TO PROFESSIONAL SUPPORT DISCOUNTED REGIONAL TRAINING AND WORLD CONGRESS TUITION FOR ACTIVE TEAM MEMBERS WE HAVE MEMBERS FROM ALL OVER THE US, CANADA, AFRICA, AUSTRALIA, MIDDLE EAST, UK, IRELAND, GERMANY.	
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,515,616

Form 990 (2021)

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

17	Did the organization report a total of more than \$15,000 or expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		No
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.		No
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.		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		No
20b	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.		No

Form 990 (2021)

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

Form 990 (2021)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
Check if Schedule O contains a response or note to any line in this Part V <input type="checkbox"/>			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	26	
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	19	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

b If "Yes," enter the name of the foreign country: ▶ _____
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

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 services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year **7d** _____

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12 **10a** _____

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b** _____

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders **11a** _____

b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b** _____

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b** _____

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a 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 organization is licensed to issue qualified health plans **13b** _____

c Enter the amount of reserves on hand **13c** _____

14a Did the organization receive any payments for indoor tanning services during the tax year? **14a** No

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **14b** _____

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? **15** No
If "Yes," see the instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? **16** No
If "Yes," complete Form 4720, Schedule O.

17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? **17** _____
If "Yes," complete Form 6069.

Form 990 (2021)

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 11		
	1b 11		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a The governing body?	Yes	
	8b Each committee with authority to act on behalf of the governing body?	Yes	
	8c In those cases where officers, directors, trustees, or key employees listed in Part VIII, Section A, who cannot be reached at the		

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		No
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes	
13 Did the organization have a written whistleblower policy?	Yes	
14 Did the organization have a written document retention and destruction policy?	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	Yes	
b Other officers or key employees of the organization	Yes	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 RICHARD BARTON 3290 PINE ORCHARD LANE SUITE 106 ELLICOTT CITY, MD 21042 (410) 750-9600

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.
 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) DEPUTY CHIEF JOHN SCHOLZ RET DIRECTOR	0.70	X					0	0	0
(2) FRANCIS A SULLIVAN LCSW-C SECRETARY TREASURER	0.70	X		X			0	0	0
(3) B ANNE BALBONI PSYD DIRECTOR	0.70	X					0	0	0
(4) MAJOR CHARLES W HECKER RET SECRETARY TREASURER	0.70	X		X			0	0	0
(5) DAVE EVANS CPA CHAIR OF THE BOARD	0.70	X		X			0	0	0
(6) WILBERT B FORBES SR LTC RET DIRECTOR	0.70	X					0	0	0
(7) DIANNE TAYLOR EDD PMHCNS-BC DIRECTOR	0.70	X					0	0	0
(8) JOHN DURKIN PHD	0.70	X					0	0	0

Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns				
1b Contributions, gifts, grants, and membership dues				
1c Other fundraising events				
1d Related organizations				
1e Government grants (contributions)	180,000			
1f All other contributions, gifts, grants, and similar amounts not included above	8,731			
1g Noncash contributions included in lines 1a - 1f:				
h Total. Add lines 1a-1f	188,731			

	Business Code			
		(A)	(B)	(C)
2a SPEAKERS BUREAU	900099	503,875	503,875	
CONFERENCE INCOME	900099	454,956	454,956	
ONLINE TRAINING	900099	182,724	182,724	
MEMBERSHIP DUES	900099	167,425	167,425	
APPROVED INSTRUCTOR PR	900099	113,937	113,937	
f All other program service revenue.		229,075	229,075	
g Total. Add lines 2a-2f.		1,651,992		

3 Investment income (including dividends, interest, and other similar amounts)	371			371
4 Income from investment of tax-exempt bond proceeds				
5 Royalties				

		(i) Real		(ii) Personal	
		(a)	(b)	(a)	(b)
6a Gross rents					
6b Less: rental expenses					
6c Rental income or (loss)					
d Net rental income or (loss)					

		(i) Securities		(ii) Other	
		(a)	(b)	(a)	(b)
7a Gross amount from sales of assets other than inventory					
7b Less: cost or other basis and sales expenses					
7c Gain or (loss)					
d Net gain or (loss)					

8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				
8b Less: direct expenses				
c Net income or (loss) from fundraising events				

9a Gross income from gaming activities. See Part IV, line 19				
9b Less: direct expenses				
c Net income or (loss) from gaming activities				

10a Gross sales of inventory, less returns and allowances	623,296			
10b Less: cost of goods sold	63,502			
c Net income or (loss) from sales of inventory		559,794	559,794	

	Miscellaneous Revenue	Business Code	(A)	(B)	(C)	(D)
11a MISCELLANEOUS INCOME		900099	465	465		
b						
c						

d All other revenue				
e Total. Add lines 11a-11d		465		
12 Total revenue. See instructions		2,401,353	2,212,251	0 371

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	321,916	227,881	68,570	25,465
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	725,744	513,744	154,587	57,413
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,700	11,822	3,557	1,321
9 Other employee benefits	35,495	25,126	7,561	2,808
10 Payroll taxes	80,973	57,320	17,248	6,405
11 Fees for services (non-employees):				
a Management				
b Legal	2,240	112	2,128	
c Accounting	32,550	1,627	30,923	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	59	4	55	
12 Advertising and promotion	10,003	9,803		200
13 Office expenses	50,891	30,533	17,261	3,097
14 Information technology	16,148	11,465	3,876	807
15 Royalties	79,863	79,863		
16 Occupancy	73,776	50,167	19,920	3,689
17 Travel	26,324	26,324		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	293,133	293,133		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,708	2,854	2,740	114
23 Insurance	14,273	7,850	5,709	714
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BANK AND CREDIT CARD FE	72,005	70,565		1,440
b MEMBERSHIP COSTS	30,541	30,541		
c CONTINUING EDUCATION	23,966	23,966		
d REGISTRATION FEES	19,353	19,353		
e All other expenses	25,081	21,563	3,314	204
25 Total functional expenses. Add lines 1 through 24e	1,956,742	1,515,616	337,449	103,677
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X **Balance Sheet**

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

	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	32,508	1	32,368
2 Savings and temporary cash investments	595,122	2	1,063,929
3 Pledges and grants receivable, net		3	
4 Accounts receivable, net	155,969	4	176,813

		5			
Assets	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			
	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	9,538	8 10,752	
	9	Prepaid expenses and deferred charges	20,620	9 6,066	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 56,325		
	b	Less: accumulated depreciation	10b 47,359	10c 8,966	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	298,528	15 305,446	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,126,959	16 1,604,340	
	Liabilities	17	Accounts payable and accrued expenses	163,599	17 198,846
		18	Grants payable		18
		19	Deferred revenue	269,183	19 259,789
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% 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 of Schedule D	293,736	25 300,654	
26		Total liabilities. Add lines 17 through 25	726,518	26 759,289	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	385,533	27 829,512	
	28	Net assets with donor restrictions	14,908	28 15,539	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	400,441	32 845,051		
33	Total liabilities and net assets/fund balances	1,126,959	33 1,604,340		

Form 990 (2021)

Part XI		Reconciliation of Net Assets	
Check if Schedule O contains a response or note to any line in this Part XI <input type="checkbox"/>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,401,353
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,956,742
3	Revenue less expenses. Subtract line 2 from line 1	3	444,611
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	400,441
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	845,051

Part XII		Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII <input checked="" type="checkbox"/>			
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

Additional Data

[Return to Form](#)

Software ID:
Software Version:

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.

Name of the organization
INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION INC

Employer identification number
52-1676953

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university. See instructions. Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(1)** on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by the 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.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having management of the supporting organization vested in the same persons that control or manage the supported organization. **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, the supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) 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.**
 - e 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)
			Yes	No	
Total					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F **Schedule A**

Schedule A (Form 990) 2021

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .					
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .					
3 The value of services or facilities furnished by a governmental unit to the organization without charge..					
4 Total. Add lines 1 through 3					
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .					
6 Public support. Subtract line 5 from line 4.					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021
7 Amounts from line 4. . .					
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .					
9 Net income from unrelated business activities, whether or not the business is regularly carried on					
10 Other income. Do not include gain or loss from the sale of capital assets					

11 **Total support.** Add lines 7 through 10 **12**

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) or this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2020 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A

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 the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,624	9,940	10,176	238,443	188,
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,119,907	2,080,151	2,560,087	1,472,065	2,275,
3 Gross receipts from activities that are not an unrelated trade or business under section 513					
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
5 The value of services or facilities furnished by a governmental unit to the organization without charge					
6 Total. Add lines 1 through 5	2,127,531	2,090,091	2,570,263	1,710,508	2,464,
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.				196,004	155,
c Add lines 7a and 7b.				196,004	155,
8 Public support. (Subtract line 7c from line 6.)					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021
9 Amounts from line 6.	2,127,531	2,090,091	2,570,263	1,710,508	2,464,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	38	192	183	91	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
c Add lines 10a and 10b.	38	192	183	91	
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,951	3,513	1,342	11,669	
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,135,520	2,093,796	2,571,788	1,722,268	2,464,

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) **15**

16 Public support percentage from 2020 Schedule A, Part III, line 15 **16**

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2021** (line 10c, column (f) divided by line 13, column (f)) **17**

18 Investment income percentage from **2020** Schedule A, Part III, line 17 **18**

19a **33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% or more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A

Part IV Supporting Organizations
 (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B.)

Section A. All Supporting Organizations

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

Schedule L

Schedule A (Form 990) 2021

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
 - a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described on 11a above?
 - c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the

organization(s).
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section 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 year (**see instructions**):
- a** 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.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see **Instructions**).
- 2** **Activities Test. Answer lines 2a and 2b below.**
- a** 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.**
 - b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, 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.**
- 3** **Parent of Supported Organizations. Answer lines 3a and 3b below.**
- a** 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.**
 - b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI the role played by the organization in this regard.**

Schedule A

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part instructions**). All other Type III non-functionally integrated supporting organizations must complete Sections A through C.

Section A - Adjusted Net Income		(A) Prior Year
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	
Section B - Minimum Asset Amount		(A) Prior Year
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d 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	
Section C - Distributable Amount		
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Schedule A

Schedule A (Form 990) 2021

Schedule B
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors
 Attach to Form 990, 990-EZ, or 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Name of the organization
 INTERNATIONAL CRITICAL INCIDENT STRESS
 FOUNDATION INC

Employer id
 52-1676953

Organization type (check one):

- Filers of:** Form 990 or 990-EZ
- Section:**
- 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Filers of:** Form 990-PF
- 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$ (money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of t 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions total If this box is checked, enter here the total contributions that were received during the year for an *exclusively* rel purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it receiv religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Schedule B (Form 990) (2021) Page 2

Name of organization
 INTERNATIONAL CRITICAL INCIDENT STRESS
 FOUNDATION INC

Employer identifica
 52-1676953

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Compl contrib)
		\$	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Compl contrib)
			<input type="checkbox"/> <input type="checkbox"/>

		\$	<input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Ty
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Ty
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Ty
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>

Sch

Schedule B (Form 990) (2021)

Name of organization INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION INC	Employer identification num 52-1676953
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	
		\$	—
		\$	—
		\$	—
		\$	—
		\$	—
		\$	—
		\$	—

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Schedule B (Form 990) (2021)

Name of organization INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION INC	Employer identifica 52-1676953
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$ year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description

(e) Transfer of gift

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB # 1545-0047 2 Open Ir

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.

Department of the Treasury Internal Revenue Service

Name of the organization: INTERNATIONAL CRITICAL INCIDENT STRESS FOUNDATION INC Employer identification: 52-1676953

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, and Did the organization inform all donors...

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

Form for Part II Conservation Easements. Includes checkboxes for Preservation of land for public use, Protection of natural habitat, etc. and a table for Held at the End with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2021

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

Form for Part III (continued) Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes checkboxes for Public exhibition, Scholarly research, etc.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Table for Part IV (continued) with columns for description and Amount. Rows include Beginning balance, Additions during the year, Distributions during the year, Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes
 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 a Board designated or quasi-endowment ▶
 b Permanent endowment ▶
 c Term endowment ▶
 The percentages on lines 2a, 2b, and 2c should equal 100%.
 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
 (i) Unrelated organizations **3a(i)**
 (ii) Related organizations **3a(ii)**
 b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 1

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) E
1a Land				
b Buildings				
c Leasehold improvements		18,692	15,317	
d Equipment				
e Other		37,633	32,042	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ **Schedule D (F)**

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 1;

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market v
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 1

(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year i
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 1;

(a) Description	(b) B
(1) DEPOSITS	
(2) 457 B RETIREMENT PLAN	
(2)	
(3)	

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
 ▶ Attach to Form 990 or 990-EZ.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
INTERNATIONAL CRITICAL INCIDENT STRESS
FOUNDATION INC

Employer identi
52-1676953

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	CURRENTLY, THE EXECUTIVE DIRECTOR AND THE CONTROLLER REVIEW THE 990 BEFORE IT IS FI INTERNAL REVENUE SERVICE. THE BOARD WILL BE PROVIDED AN ELECTRONIC COPY OF THE 990
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS WRITTEN WITHIN THE EMPLOYEES' MANUAL. OFFICERS A REQUIRED TO REVIEW AND SIGN THE POLICY ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15	A COMPARATIVE PROCESS WAS DONE BY A SUBCOMMITTEE OF THE BOARD WHO PRESENTED TH THE BOARD REGARDING OFFICER COMPENSATION.
FORM 990, PART VI, SECTION C, LINE 19	FORM 990 IS AVAILABLE UPON REQUEST AND ON GUIDESTAR.ORG. FORM 1023, GOVERNING DOCI OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	CONSULTING FEES: PROGRAM SERVICE EXPENSES 4. MANAGEMENT AND GENERAL EXPENSES 5: EXPENSES 0. TOTAL EXPENSES 59.
FORM 990, PART XI, LINE 2C:	A FINANCE COMMITTEE, WHICH INCLUDES A CPA, OVERSEES THE AUDIT AND SELECTS THE INDEF