		** PUBLIC DISCLOSURE COPY	* *								
	Ω	Return of Organization Exempt Fron	n Income Tax	OMB No. 1545-0047							
For	m <b>y</b>	<b>YU</b> Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundations	<b>2016</b>							
Depa	rtment	of the Treasury Do not enter social security numbers on this form as it m	ay be made public.	Open to Public							
Interr	nal Reve	enue Service Information about Form 990 and its instructions is at ww		Inspection							
AF	or th	e 2016 calendar year, or tax year beginning $ { m JUL}1$ , $2016$ and ending	JUN 30, 2017								
B	B Check if applicable: D Employer identification										
	AMERICAN COUNCILS FOR INTERNATIONAL										
	Address EDUCATION										
Name Change Doing business as 52-10672											
	Light return Number and street (of P.U. box if mail is not delivered to street address) Room/suite E Telephone number										
	return_ termir		. ,	833-7522 78,579,427.							
	ated ]Amen	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON</b> , DC 20036	G Gross receipts \$								
	_lreturn ]Appli	WASHINGION, DC 20050	H(a) Is this a group retu								
	⊥tiòn pendi	F name and address of principal officer: DOMME W. CIVANER	for subordinates?								
			<b>H(b)</b> Are all subordinates inclu 527 If "No." attach a list								
		empt status: $X$ 501(c)(3)501(c)( $) \blacktriangleleft$ (insert no.)4947(a)(1) orte:WWW.AMERICANCOUNCILS.ORG	527 If "No," attach a list H(c) Group exemption n								
			rear of formation: 1974 M S								
	art I	Summary		tate of legal domicile.							
		Briefly describe the organization's mission or most significant activities: LEADER I	N INTERNATIONAL								
Governance	1.	EDUCATION, ACADEMIC EXCHANGE, AND OVERSEAS L	ANGUAGE IMMERS								
nar	2										
ver		<ul> <li>2 Check this box ▶ ⊥ if the organization discontinued its operations or disposed of more than 25% of its net ass</li> <li>3 Number of voting members of the governing body (Part VI, line 1a)</li> <li>3 3 3 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5</li></ul>									
ß		Number of independent voting members of the governing body (Part VI, line 1a)		27 26							
ې مې		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		418							
Activities &		Total number of volunteers (estimate if necessary)		312							
cti		Total unrelated business revenue from Part VIII, column (C), line 12		0.							
◄		Net unrelated business taxable income from Form 990-T, line 34		0.							
		,	Prior Year	Current Year							
Ð	8	Contributions and grants (Part VIII, line 1h)	70,017,582.	71,629,204.							
Revenue		Program service revenue (Part VIII, line 2g)	5,904,009.	6,002,891.							
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,044.	97,376.							
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,422.	211,477.							
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,140,057.	77,940,948.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	269,848.	230,728.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,387,356.	19,289,090.							
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 186,771.	0.	0.							
ďX											
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	55,778,533.	58,160,672.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	75,435,737.	77,680,490.							
<u>, s</u>		Revenue less expenses. Subtract line 18 from line 12	704,320.	260,458.							
Net Assets or Fund Balances			Beginning of Current Year	End of Year							
Ssei Bala	20	Total assets (Part X, line 16)	20,506,448.	21,272,536.							
et A	21	Total liabilities (Part X, line 26)	14,426,541.	14,748,208.							
		Net assets or fund balances. Subtract line 21 from line 20	6,079,907.	6,524,328.							
	art II	Signature Block	tomonto and to the bast of	and halist it !-							
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		iowieuge and bellet, it is							
uue,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	iarer nas any knowledge.								

Sign Here	Signature of officer JOHN B. HENDERSON, CHIEF FINANCIAL OFFICER Type or print name and title	Date
Paid Preparer		Check PTIN <sup>if</sup> self-employed P01316131 Firm's EIN ► 41-0746749
Use Only May the II	Firm's address 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203 RS discuss this return with the preparer shown above? (see instructions)	Phone no. 571 - 227 - 9500
Preparer Use Only	IVY BECKHAM       Ivy Beckham       04/04/2         Firm's name       CLIFTONLARSONALLEN       LLP         Firm's address       901 N. GLEBE ROAD, SUITE 200         ARLINGTON, VA 22203	$\frac{2018}{\text{iself-employed}} \stackrel{\text{P}0131613}{\text{P}0131613}$ Firm's EIN $\searrow$ 41-074674 Phone no.571-227-9500

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

	AMERICAN COUNCILS FOR INTERNATIONAL		
		67256	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments		37
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	Χ
1	Briefly describe the organization's mission: AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION IS A LEADER IN		
	INTERNATIONAL EDUCATION, ACADEMIC EXCHANGE, AND OVERSEAS LANG	IIIACE	
	INTERNATIONAL EDUCATION, ACADEMIC EXCHANGE, AND OVERSEAS LANG IMMERSION, AMERICAN COUNCILS CREATES OPPORTUNITIES THAT PREPA		
	INDIVIDUALS AND INSTITUTIONS TO SUCCEED IN AN INCREASINGLY		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes	XNo
	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	XNo
	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 tota	I expenses, a	and
	revenue, if any, for each program service reported.		
4a		2,221,	070.)
	STUDENT EXCHANGES:		
	AMERICAN COUNCILS ADMINISTERS EDUCATIONAL EXCHANGE OPPORTUNIT		
	COORDINATION WITH U.S. AND FOREIGN GOVERNMENTS, FOUNDATIONS A	ND PRI	VATE
	SECTOR SOURCES FOR OVER 5,600 SECONDARY SCHOOL, UNDERGRADUATE		
	GRADUATE STUDENTS EACH YEAR FROM APPROXIMATELY 80 COUNTRIES A		
	AFRICA, SOUTH AND EAST ASIA, EURASIA, THE MIDDLE EAST, SOUTHE		
	EUROPE, AND NORTH AND SOUTH AMERICA. AMERICAN COUNCILS ALSO M	ANAGES	
	LANGUAGE AND CULTURAL IMMERSION PROGRAMS TO AFRICA, ASIA, EUR		
	MIDDLE EAST, AND RUSSIA FOR SECONDARY SCHOOL, UNDERGRADUATE,	GRADUA'	ΓE
	STUDENTS, AND SCHOLARS. THESE PROGRAMS PROMOTE MUTUAL UNDERST	ANDING	
	BETWEEN AMERICANS AND INTERNATIONAL STUDENTS. INBOUND STUDENT	S TO T	HE
	U.S. LEARN FIRSTHAND ABOUT U.S. VALUES, VOLUNTEERISM AND LEAD		
4b	O (Code:) (Expenses \$15,693,335. including grants of \$76,987. ) (Revenue \$]	2,581,	243.)
	PROGRAM DEVELOPMENT:		
	AMERICAN COUNCILS OFFERS SHORT-TERM TRAINING OPPORTUNITIES FC	R	
	OUTSTANDING PROFESSIONALS THROUGHOUT EURASIA. THESE ROBUST PR	OGRAMS	
	PROVIDE FOR THE SHARING OF FIELD-SPECIFIC INFORMATION BETWEEN	[	
	PARTICIPANTS AND THEIR U.S. COUNTERPARTS, AND THEN, UPON RETU	RN TO	
	THEIR HOME COUNTRIES, PROGRAM ALUMNI SHARE THEIR EXPERIENCES	WITH T	HEIR
	COLLEAGUES. AMERICAN COUNCILS PROFESSIONAL DEVELOPMENT PROGRA		LUDE
	RESEARCH FELLOWSHIPS, AS WELL AS THE OPEN WORLD PROGRAM, A PR	OGRAM	
	ADMINISTERED IN COLLABORATION WITH THE OPEN WORLD LEADERSHIP		•
	SINCE ITS LAUNCH IN 1999, OVER 24,800 PARTICIPANTS FROM A WID	E VARI	ETY
	OF PROFESSIONAL FIELDS HAVE TAVELED TO OVER 2,000 COMMUNITIES	IN AL	<u>ь 50</u>
	STATES TO MEET AND SHARE KNOWLEDGE WITH THEIR PROFESSIONAL CC	LLEAGU	ES
4c			)
	RESEARCH SCHOLARS:		
	AMERICAN COUNCILS OFFERS NUMEROUS PROGRAMS THAT PROVIDE SUPPO	RT FOR	
	SCHOLARS FROM THE U.S., EURASIA, AND SOUTH EAST EUROPE. THE		
	ORGANIZATION ALSO PUBLISHES MORE THAN 45 MAJOR TEXTBOOKS AND	TEACHI	NG
	TOOLS, AND OFFERS ONLINE LANGUAGE LEARNING INSTRUMENTS, INCLU	DING	
	RUSSNET, A VAST ONLINE RUSSIAN LANGUAGE LEARNING AND TEACHING	NETWO	RK
	FOR TEACHERS, STUDENTS, AND OTHERS INTERESTED IN RUSSIAN LANG	UAGE	
	LEARNING CAN FIND A WEALTH OF RUSSIAN LANGUAGE COURSES, THE C	ENTRAL	
	ASIAN LANGUAGE NETWORK, WHICH PROVIDES CENTRAL ASIAN LANGUAGE		ING
	SERVICES AND PRODUCTS, INCLUDING INFORMATION, LANGUAGE MODULE	is,	
	COURSES, IN-SERVICE TEACHER TRAINING, DATABASES, DISCUSSION F	ORUMS 2	AND
	LINKS TO OTHER CENTRAL ASIAN LANGUAGE RESOURCES. AMERICAN COU	NCILS 2	ALSO
4d	d Other program services (Describe in Schedule O.)		
	(Expenses \$ 1,947,637. including grants of \$ 20,466.) (Revenue \$ 1,200,57	8.)	
4e	Total program service expenses <b>65</b> , 895, 315.		
		Form 9	<b>90</b> (2016)
63200	SEE SCHEDULE O FOR CONTINUATION(S)		
400	2 0402 122216 064 02002200 2016 05020 MEDICAN CONNELL FOR THE		0 2771
490	0403 137216 064-03802200 2016.05070 AMERICAN COUNCILS FOR INT	⊴K U64-	TACO

EDUCATION

Form 990 (2016)

Ра	rt 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?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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 temporarily restricted endowments, permanent			
	endowments, or quasi-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	Х	
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Δ	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	17	
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Ves," complete Schedule E. Parts I and IV.	116	х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	47	
15	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	15		- **
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	- 23	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
10	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,"	10		<u> </u>
13	complete Schedule G, Part III	19		x

Form **990** (2016)

632003 11-11-16

52-1067256 Page	e <b>4</b>
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Form	990 (2016) EDUCATION 52-106	7256	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
~~	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
<u></u>	Part V, line 1		A X	├──
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	л	<u> </u>
a	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 eaction 512(b)(12)2 (f "Ves." complete Schedule P. Part V. Jine 2	254		x
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 17
37		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		
38		38	x	
	Note. All Form 990 filers are required to complete Schedule O			(2016)
				(CIU_)

632004 11-11-16

Form	990 (2016) EDUCATION		52-1067	256	Р	age <b>5</b>
Par						
	Check if Schedule O contains a response or note to any line in this Part V					X
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	241			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportat	ole gaming			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	418			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	urns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	າs)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	e O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe	r authori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financia	l accoun	it)?	4a	Х	
b	If "Yes," enter the name of the foreign country:  SEE SCHEDULE O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Account	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	utions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and s	ervices pr	ovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	was requ	lired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con	tract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file I			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the				
				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:					
а	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	n 1041?		12a		
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.					
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					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O		14b		

Form S	990	(201	16)
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632005 11-11-16

Form	990 (2016) EDUCATION		52-	1067	256	Р	age <b>6</b>					
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, a	nd for a	"No" r							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	. See ii	nstructions.									
	Check if Schedule O contains a response or note to any line in this Part VI						X					
Sec	tion A. Governing Body and Management											
	<u> </u>					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		27								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
b	Enter the number of voting members included in line 1a, above, who are independent	1b		26								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi		any other									
-	officer, director, trustee, or key employee?											
3	<ul> <li>3 Did the organization delegate control over management duties customarily performed by or under the direct supervision</li> </ul>											
U	of officers, directors, or trustees, or key employees to a management company or other person?											
4	Did the organization make any significant changes to its governing documents since the prior Form 9				3 4		X X					
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		x					
6					6		X					
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or a				0							
74					7a	х						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				<i>1</i> a							
b					7b		x					
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year				75							
					8a	х						
a h	The governing body? Each committee with authority to act on behalf of the governing body?				8b	X						
					on	- 23						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				9		x					
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		23					
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Coue.)			Yes	No					
10-	Did the expenientian have lead chapters, branches, or effiliates?			1	10a	X	No					
	Did the organization have local chapters, branches, or affiliates?				IUa	21						
a	If "Yes," did the organization have written policies and procedures governing the activities of such cl				104	х						
110	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	X						
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y bero	re ming the	form?	11a							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	Х						
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>				12a	X						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Δ						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				10-	х						
40	in Schedule O how this was done				12c	X						
13	Did the organization have a written whistleblower policy?				13	X						
14	Did the organization have a written document retention and destruction policy?				14	<u>л</u>						
15	Did the process for determining compensation of the following persons include a review and approve		dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45	х						
	The organization's CEO, Executive Director, or top management official				15a	X						
a	Other officers or key employees of the organization				15b	л						
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		م مالا:									
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged				10-		x					
•-	taxable entity during the year?				16a							
a	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua		-									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				401							
800	exempt status with respect to such arrangements?				16b							
	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CA	- (0 )	501()(0									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	on 501(c)(3	)s oniy) a	vallab	le						
	for public inspection. Indicate how you made these available. Check all that apply.											
40	Own website Another's website X Upon request Other ( <i>explain</i>				e.,							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	ntiict o	i interest po	blicy, and	Tinan	cial						
~~	statements available to the public during the tax year.	-1.										
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	u records:									
	JOHN B. HENDERSON - 202-833-7522 1828 L STREET, NW, SUITE 1200, WASHINGTON, DC 200	36										
		50			Farr	000	(0010)					
63200	5 11-11-16 6				Form	990	(2016)					
	0											

Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, and Independent Contractors

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

EDUCATION

Form 990 (2016)

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 (Ď), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)							(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable Reportable			
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	amount of			
	week					1		from	from related	other		
	(list any hours for	Individual trustee or director				-		the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	se or (	stee			nsated		(W-2/1099-MISC)		organization		
	organizations	truste	al tru:		yee	npe		(		and related		
	below	idual	Institutional trustee	5	Key employee	est cc oyee	er			organizations		
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former					
(1) MR. ROBERT M. RHEA	1.00											
CHAIRMAN		Х		Х				0.	0.	0.		
(2) MR DAN E. DAVIDSON	35.00											
PRESIDENT	1.00	Х		Х				341,422.	0.	29,257.		
(3) AMB. WILLIAM TAYLOR (RET)	1.00											
TRUSTEE		Х						0.	0.	0.		
(4) DR. DAVID CHANG	1.00											
TRUSTEE		Х						0.	0.	0.		
(5) MS. DANIELLE DEANE	1.00											
TRUSTEE		Х						0.	0.	0.		
(6) MS. EDITH FALK	1.00											
TRUSTEE		Х						0.	0.	0.		
(7) MR. M. HILL HAMMOCK	1.00									_		
TRUSTEE		х						0.	0.	0.		
(8) MR. ROBERT HEATH	1.00											
TRUSTEE		Х						0.	0.	0.		
(9) MR. MICHAEL E. HORA	1.00											
TRUSTEE	1 00	X						0.	0.	0.		
(10) DR. ABOL JALILVAND	1.00									•		
TRUSTEE	1 00	X						0.	0.	0.		
(11) MS. MARGARET C. MARSH	1.00							0		0		
TRUSTEE	1 00	X						0.	0.	0.		
(12) AMB. JOHN ORDWAY	1.00							0.	0.	0		
TRUSTEE	1.00	X						0.	0.	0.		
(13) DR. ALAN PLATT TRUSTEE	1.00	x						0.	0.	0.		
(14) MS. SUSAN RHENEY	1.00	^						0.	0.	0.		
TRUSTEE	1.00	x						0.	0.	0.		
(15) MS. ALICIA S. RITCHIE	1.00							0.	0.	0.		
TRUSTEE	1.00	x						0.	0.	0.		
(16) MR. ROBERT ROSE	1.00							0.		<b>0</b> •		
TRUSTEE	1.00	x						0.	0.	0.		
(17) BG (RET.) KEVIN RYAN	1.00	1	-	-				0.	0.	<u>.</u>		
TRUSTEE		x						0.	0.	0.		
632007 11-11-16		1 2 2	L	L	I	L			0.	Form <b>990</b> (2016)		
032007 11-11-10						-				(2010)		

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Form 990 (2016) EDUCATION	1								52-10	672	:56	Page <b>8</b>
Part VII Section A. Officers, Directors, Trust	tees, Key Em	ploy	ees,	an	d Hi	ighe	st (	Compensated Employe	es (continued)			
(A)	(B)				C)	<u> </u>		(D)	(E)		(F	)
Name and title	Average			Pos	ition			Reportable	Reportable		Estim	
Nume and the	hours per					than is bot			compensatior	,	amou	
	week	offic	cer an	d a d	irecto	or/trus	tee)	from	from related	·	oth	
	(list any	tor						the	organizations		comper	
	hours for	direc				Ð		organization	(W-2/1099-MIS		from	
	related	e or	stee			nsate		(W-2/1099-MISC)	(	-,	organiz	
	organizations	trust	al tru		yee	mpe		· · · · · · · · · · · · · · · · · · ·			and re	
	below	dual	ution	5	nplo	est co oyee	er				organiz	ations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Ū	
(18) MS. GRACE CHUNG BECKER	1.00	-	_		-	<u> </u>						
TRUSTEE		x						0.		0.		0.
(19) AMB. RICHARD MORNINGSTAR	1.00									<u> </u>		
	1.00	x						0.		0.		0.
TRUSTEE	1 0 0	^				<b> </b>		0.		<u> </u>		0.
(20) DR. IRWIN WEIL	1.00											
TRUSTEE		Х						0.		0.		0.
(21) DR. THOMAS J. GARZA	1.00											
TRUSTEE		X						0.		0.		Ο.
(22) AMB. ANNE DERSE (RET.)	1.00											
TRUSTEE		x						0.		0.		0.
(23) MR. ANDREW SHAINDLIN	1.00									<b>~</b> +		
	1.00	x						0.		0.		0
TRUSTEE	1 0 0	A						0.		<u> </u>		0.
(24) MS. CINDY PASKY	1.00											
TRUSTEE		Х						0.		0.		0.
(25) MR. GAZMEND GJONBALAJ	1.00											
TRUSTEE		x						0.		0.		0.
(26) MS. BETTY SUE FLOWER	1.00											
TRUSTEE		x						0.		0.		0.
								341,422.		0.	29	257.
1b Sub-total			•••••					1,513,495.		-	1/5	374.
c Total from continuation sheets to Part VI												
d Total (add lines 1b and 1c)								1,854,917.			1/4,	631.
2 Total number of individuals (including but no	ot limited to th	iose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportable	3		
compensation from the organization 🕨												13
											Ye	s No
<b>3</b> Did the organization list any <b>former</b> officer,	director, or tru	ustee	e, ke	y er	nplo	ovee	or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for su								•			3	X
4 For any individual listed on line 1a, is the su	m of reportab	  a.cc			ation	 	1 01	ther compensation from	the organization	···· -	-	
									une organization		4 X	
and related organizations greater than \$150										····  -	4 X	·
5 Did any person listed on line 1a receive or a					-			-				37
rendered to the organization? If "Yes," com	olete Schedul	e J f	or sı	ıch	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	npensated ind	depe	ende	nt c	onti	racto	ors <sup>.</sup>	that received more than	\$100,000 of com	pensa	tion from	ı
the organization. Report compensation for t	he calendar y	ear e	endii	ng v	vith	or w	ithi	n the organization's tax	year.			
(A)	-							(B)			(C)	
Name and business	address							Description of s	ervices	Co	mpensa	tion
AFS-USA, INC, 120 WALL ST		1 ጥፑ	Ŧ	די.		R		INTERCULTURA				
NEW YORK, NY 10004						,		LEARNING CON		Q	585,	313
•		01	<u></u>		11				SOLLING	<u> </u>	505,	747.
IEARN USA, 475 RIVERSIDE	DRIVE,	ธเ	) T.I	E	4:	50		IT LEARNING		~	1	0.00
NEW YORK, NY 10115				_				CONSULTING S		3,	123,	863.
AMIDEAST EDUCATION AND TH								EDU. & TRAIN	ING			
STREET, NW, #1100, WASHIN	IGTON, I	DC	20	)03	36			CONSULTING S	VC	2,	569,	396.
LEGACY INTERNATIONAL								LEADERSHIP T	RAINING			
1020 LEGACY DRIVE, BEDFOR	RD. VA 2	245	523	3				CONSULTING S			616.	147.
YOUTH FOR UNDERSTANDING U				-				INTERCULTURA				
641 S STREET, NW, WASHING			on r	001	1			STUDENT EXCH			591	271.
											, <u> </u>	<u>~ / </u> + •
2 Total number of independent contractors (ir		ot lir	nite	d to			steo	a above) who received m	nore than			
\$100,000 of compensation from the organiz					54							
SEE PART VII, SECTION	A CONT	L'IV	NUA	Δ'Τ']	LOI	NS	ΒH	EETS		F	orm <b>990</b>	<b>J</b> (2016)
632008 11-11-16												

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Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	byee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(Cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per					æ		from the	from related organizations	other
	week (list any	tor				ploye		organization	(W-2/1099-MISC)	compensation from the
	hours for	direc				d em		(W-2/1099-MISC)	(11 2) 1000 11100)	organization
	related	tee or	istee			en sate		, , ,		and related
	organizations	ul trus	nal tri		lo yee	dmo				organizations
	below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	pul	lns	Offi	Key	Hig	For			
(27) AMB. LTG KARL EIKENBERRY (RET)	1.00									
TRUSTEE		X						0.	0.	0.
(28) MS. BETSY SANDSTROM(07/16-07/16	1.00									•
TRUSTEE	1	Х						0.	0.	0.
(29) MS. YOLANDA BUSH (07/16-07/16)	1.00									
TRUSTEE	~ ~ ~ ~ ~ ~	Х						0.	0.	0.
(30) MR. JOHN HENDERSON	35.00									
CFO AND DIRECTOR OF ADMINISTRATION	1.00				Х			247,608.	0.	21,792.
(31) MS. LISA A. CHOATE	35.00							015 530	0	1 - 420
EXECUTIVE VICE PRESIDENT	1.00				Х			215,732.	0.	15,432.
(32) MS. NADRA GARAS	35.00							186 800	0	
DIRECTOR, INSTITUTIONAL RESEARCH					Х			176,729.	0.	21,566.
(33) MR. DAVID P. PATTON	35.00							010 000	0	10 000
EXECUTIVE VICE PRESIDENT	1.00				Х			212,233.	0.	19,870.
(34) MR. MICHAEL CURTIS	35.00					37		100 707	0	22 202
MANAGING DIRECTOR, PROGRAM & BUSINES						X		126,727.	0.	22,383.
(35) MR. ROBERT SLATER	35.00					37		110 (10	0	7 0 0 7
SR. CONSULTANT, POLICY RESEARCH	25 00					X		118,618.	0.	7,897.
(36) MR. WERNER WOTHKE	35.00					v		172 002	0	10 600
DIRECTOR OF ASSESSMENT DEVELOPMENT	21 00					X		172,002.	0.	18,683.
(37) MR. RICHARD BRECHT	21.00					x		127 059	0.	682.
CO-DIRECTOR, ARC	35.00					^		127,958.	0.	002.
(38) MS. ANN DOMORAD	1.00					x		115,888.	0.	17,069.
MANAGING DIRECTOR, FIELD OPERATIONS	1.00					^		115,000.	0.	17,009.
										<u> </u>
								1,513,495.		145,374.

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AMERICAN	COUNCILS	FOR	INTERNATIONAL
EDUCATION	1		

	990 (2	2016) EDUCA	TION		INTERNATI		52-106	7256 Page
Pai	rt VIII							
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII … <b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
A <sup>m</sup>	С	Fundraising events	1c	91,340.				
lar	d	Related organizations	1d					
<u>i</u> E		Government grants (contributi		68,560,655.				
ь Г	f	All other contributions, gifts, grant						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abov		2,977,209.				
pu	-	Noncash contributions included in lines		3,201.				
<u></u> (	h	Total. Add lines 1a-1f			71,629,204.			
				Business Code	4 220 410	4 220 410		
Revenue	2 a	TUITION REVENUE		611600	4,330,418.	4,330,418.		
Ine	b	ADMINISTRATIVE FEES		611600 611600	1,266,363.	1,266,363. 277,929.		
ven	C h	SPONSORSHIP REVENUE		611600	277,929. 103,700.	211,323.		103,70
Ře	u	DUES, MEMBERSHIPS & SUI	SCRIPTIONS	611600	22,731.	22,731.		105,70
	e f	All other program service reve		611600	1,750.	1,750.		
		Total. Add lines 2a-2f		-	6,002,891.	1,100.		
	3	Investment income (including			•,••2,••2			
	U	other similar amounts)	•		25,721.			25,72
	4	Income from investment of tax						
	5	Royalties		. 1	64,444.			64,44
	-		(i) Real	(ii) Personal	,			,
	6 a	Gross rents	72,473.	(1)				
		Less: rental expenses	0.					
		Rental income or (loss)	72,473.					
		Net rental income or (loss)		►	72,473.			72,47
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	644,645.					
	b	Less: cost or other basis						
		and sales expenses	572,990.					
	с	Gain or (loss)	71,655.					
	d	Net gain or (loss)		►	71,655.			71,65
Uther Kevenue	8 a	Gross income from fundraising including \$ 91 contributions reported on line Part IV, line 18	, <u>340</u> of 1c). See	87,573.				
the	h	Less: direct expenses		65,489.				
D		Net income or (loss) from fund		· · · ·	22,084.			22,08
		Gross income from gaming ac Part IV, line 19	tivities. See					
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ing activities	►				
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
		SPEAKING & WRITING FEE	5	900099	52,476.			52,47
	b			ļļ				
	С			├				
		All other revenue			F0 155			
		Total. Add lines 11a-11d			52,476.	F 000 101	-	440 55
	12	Total revenue. See instructions.		🕨	77,940,948.	5,899,191.	0	• 412,55 Form <b>990</b> (20 <sup>-</sup>

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

EDUCATION

Part IX Statement of Functional Expenses

Form 990 (2016)

#### X Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 59,337. 59,337. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign 171,391. 171,391. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 1,267,144. 929,578. 337,566. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 14,877,555. 10,870,432. 3,900,045. 107,078. Other salaries and wages 7 Pension plan accruals and contributions (include 8 587,007. 587,007. section 401(k) and 403(b) employer contributions) 1,281,709. 1,270,231. 1,284,546. 2,837. 9 Other employee benefits 1,272,838. 2,607. Payroll taxes 10 Fees for services (non-employees): 11 a Management 73,319. 32,799. 40,520. b Legal 121,094. 20,900. 100,194. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 26,701,616. 903,640. 27,605,256. column (A) amount, list line 11g expenses on Sch O.) 19,254. 191,433. 172,179. Advertising and promotion 12 2,338,312. 1,958,175. 300,444. 79,693. Office expenses 13 Information technology 14 16,225. 16,225. Royalties 15 2,869,057. 1,032,851. 1,836,206. 16 Occupancy 142,272. 13,213,159. 13,070,887. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 518,804. 518,804. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates \_\_\_\_\_ 21 229,038. 229,038. Depreciation, depletion, and amortization 22 343,763. 286,991. 56,772. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) PARTICIPANT EXPENSES 10,641,212. 10,639,718. 1,494. а b С d All other expenses е 77,680,490. 65,895,315. 11,598,404. 186,771. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \_\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

632010 11-11-16

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EDUCATION Part X Balance Sheet

1 0		Check if Schedule O contains a response or note to any line in this Part X			
		Check in Schedule C contains a response of hote to any line in this Part A	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,025,853.	1	3,072,417.
	2	Savings and temporary cash investments	115,153.	2	70,655.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	6,484,752.	4	6,651,632.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ŝts		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use	1 000 000	8	
	9	Prepaid expenses and deferred charges	4,098,899.	9	3,610,049.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a4,244,489.Less: accumulated depreciation10b3,479,433.	006 252		
			986,353.	10c	765,056.
	11	Investments - publicly traded securities	5,808,931.	11	5,947,561.
	12	Investments - other securities. See Part IV, line 11	33,660.	12	0.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	952,847.	14	1,155,166.
	15	Other assets. See Part IV, line 11	20,506,448.	15 16	21,272,536.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)           Accounts payable and accrued expenses	5,751,149.	17	6,893,667.
	18	Grants payable		18	
	19	Deferred revenue	3,581,249.	19	3,658,773.
	20	Tax-exempt bond liabilities	. ,	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
iabi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	4,195,768.
	26	Total liabilities. Add lines 17 through 25	14,426,541.	26	14,748,208.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
sec		complete lines 27 through 29, and lines 33 and 34.	1 066 000		
lan	27	Unrestricted net assets	4,966,988. 1,112,919.	27	5,065,859. 1,458,469.
Ba	28	Temporarily restricted net assets	1,112,919.	28	1,450,409.
pur	29	Permanently restricted net assets		29	
ц Ц		Organizations that do not follow SFAS 117 (ASC 958), check here			
s S	20	and complete lines 30 through 34.		20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund		30 31	
t A₅	31 32	Retained earnings, endowment, accumulated income, or other funds		31	
Ne	33	Total net assets or fund balances	6,079,907.	33	6,524,328.
	34	Total liabilities and net assets/fund balances	20,506,448.	34	21,272,536.
			, , ,		Form <b>990</b> (2016)

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AMERICAN COUNCILS FOR INTERNATION	IAL
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Form	1 990 (2016) EDUCATION	52-10	067256	Pag	je <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	77,940		
2	Total expenses (must equal Part IX, column (A), line 25)	2	77,680		
3	Revenue less expenses. Subtract line 2 from line 1	3	260		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,079		
5	Net unrealized gains (losses) on investments	5	183	,96	53.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,524	.,32	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis IConsolidated 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				
	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 in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2016)

632012 11-11-16

SCHEDULE A	Dul	alia Cha	rity Status or		alia C.	un n a rit		OMB No. 1545-0047
(Form 990 or 990-EZ) Public Charity Status and Public Complete if the organization is a section 501(c)(3) organization								2016
	Comple		47(a)(1) nonexempt cha			or a section		2010
Department of the Treasury Internal Revenue Service			Attach to Form 990 or I					Open to Public Inspection
Name of the organization			(Form 990 or 990-EZ) and ILS FOR INTE			ww.irs.gov/to		identification number
Name of the organization	EDUCATI		ILS FOR INTE	TUAII	UNAL			2-1067256
Part I Reason			All organizations must co	omplete th	is part.) Se	ee instruction		2 200,200
The organization is not a								
1 🔲 A church, cor	vention of churche	s, or associatio	on of churches describe	d in <b>sectio</b>	on 170(b)(	1)(A)(i).		
2 A school dese	cribed in section 17	70(b)(1)(A)(ii). (	Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3 A hospital or	a cooperative hospi	tal service org	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).		
4 A medical res	earch organization	operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
city, and state								
-	-		ollege or university owne	d or opera	ted by a g	overnmental (	unit describ	bed in
	( <b>b)(1)(A)(iv).</b> (Complete or local governme	-	mental unit described in	section 1	70(h)(1)(A)	(v)		
			antial part of its support				he general	public described in
5	b)(1)(A)(vi). (Comple							
8 A community	trust described in s	section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9 🗌 An agricultura	al research organiza	tion described	l in <b>section 170(b)(1)(A)(</b>	ix) operate	ed in conju	inction with a	land-grant	college
or university of	or a non-land-grant o	college of agric	culture (see instructions)	Enter the	name, cit	y, and state o	f the colleg	e or
university:								
			e than 33 1/3% of its sup					
			ect to certain exceptions; (less section 511 tax) fr					
	509(a)(2). (Complete				3363 auqu		ganization	
			sively to test for public sa	afety. See	section 50	)9(a)(4).		
12 An organizati	on organized and o	perated exclus	sively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	purposes of one or
more publicly	supported organiza	ations describe	ed in <b>section 509(a)(1)</b> c	r section	509(a)(2).	See section	5 <b>09(a)(3).</b> C	heck the box in
lines 12a thro	ugh 12d that descr	ibes the type o	of supporting organization	n and con	nplete line	s 12e, 12f, an	d 12g.	
			supervised, or controlled	•			• • •	
	•	-	egularly appoint or elect	a majority	of the dire	ctors or truste	ees of the s	upporting
	n. You must compl		d or controlled in connec	tion with it	te cunnort	od organizativ	on(c) by ba	ving
••		•	anization vested in the s		• •	•		•
			Sections A and C.				igo ino oup	portod
~	. ,	•	g organization operated	in connec	tion with,	and functiona	Ily integrate	ed with,
its supporte	d organization(s) (s	ee instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
d 🔄 Type III no	n-functionally integ	grated. A supp	porting organization oper	ated in co	nnection \	vith its suppo	rted organi	zation(s)
	, 0	0	zation generally must sa				d an attenti	iveness
	. ,		nplete Part IV, Section					
	•		written determination fro			а Туре I, Туре	II, Type III	
f Enter the number			onally integrated support					
	ng information abou							
(i) Name of suppo	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount of	-	(vi) Amount of other
organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
 Total								
	duction Act Notice	, see the Inst	l ructions for Form 990 c	or 990-EZ.	632021 09-	21-16 <b>Sche</b>	dule A (For	m 990 or 990-EZ) 2016

# Schedule A (Form 990 or 990-EZ) 2016 EDUCATION

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	74,776,893.	73,827,517.	71,424,413.	70,017,582.	71,629,204.	361,675,609.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	74,776,893.	73,827,517.	71,424,413.	70,017,582.	71,629,204.	361,675,609.
	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.						361,675,609.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	74,776,893.	73,827,517.	71,424,413.	70,017,582.	71,629,204.	361,675,609.
	Gross income from interest,					i	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	127,991.	190,684.	181,572.	171,160.	162,638.	834,045.
9	Net income from unrelated business		-	-			
	activities, whether or not the						
	business is regularly carried on			11,758.	32,051.	22,084.	65,893.
10	Other income. Do not include gain				-	-	
	or loss from the sale of capital						
	assets (Explain in Part VI.)	54,741.	65,172.	17,949.	15,438.	52,476.	205,776.
11	<b>Total support.</b> Add lines 7 through 10		-			-	362,781,323.
	Gross receipts from related activities.	etc. (see instruction	ons)			12 28	,575,401.
	First five years. If the Form 990 is for		/				
	organization, check this box and <b>stor</b>	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (	line 6, column (f) di	vided by line 11, c	olumn (f))		14	99.70 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
	33 1/3% support test - 2016. If the o					nore, check this bo	ox and
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization						s
				,,, e. ITK		dule A (Eorm 990	

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 🛛	EDUCATIC	)N
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(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) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	6 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		( ) 00 ( 0	(1) 00 (0	() 00((	( )) 00/17		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	6 <b>(f)</b> Total
	Amounts from line 6 Gross income from interest,						
10a	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						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd. fourth. or fifth	tax vear as a section	on 501(c)(3) o	rganization.
Sec	ction C. Computation of Publ						······································
	Public support percentage for 2016 (			column (f))		15	%
	Public support percentage from 2015					16	99.76 %
	ction D. Computation of Invest						
17			•			17	%
	Investment income percentage from		<b>B</b>			18	.18 %
	<b>33 1/3% support tests - 2016.</b> If the						,,,
	more than 33 1/3%, check this box a	-					
b	<b>33 1/3% support tests - 2015.</b> If the						/3%, and
-	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 09-21-16		,				m 990 or 990-EZ) 2016
				16			

# Schedule A (Form 990 or 990-EZ) 2016 EDUCATION Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2016

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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Sche		52-106725	6 Pa	age <b>5</b>
Par	rt 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization (s) that operated, supervised, or controlled the supported organization of If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		No.	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			<u> </u>
			Yes	No
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?	1		
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 maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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.	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 instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	/ (see instructions	;).	
2	Activities Test. Answer (a) and (b) 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			
	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.	2a		
b	Did the activities described in (a) 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 <b>Part VI</b> 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 (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
5	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
632024		A (Form 990 or 99	90-F7	) 2016
002020	Schedule /			, _0.0

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# AMERICAN COUNCILS FOR INTERNATIONAL Schedule A (Form 990 or 990-EZ) 2016 EDUCATION

#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All 1 other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 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 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 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 Subtract line 2 from line 1d 3 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions) 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 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 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6 emergency temporary reduction (see instructions) 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

632026 09-21-16

Sche	dule A (Form 990 or 990-EZ) 2016 EDUCATION			2-1067256 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount		1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
-	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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AMERICAN COUNCILS FOR INTERNATIONAL         Schedule A (Form 990 or 990-EZ) 2016       EDUCATION       52-1067256       Page 8         Part VI       Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
line 1; Part IV, Section A, lines 1, 2, 30, 30, 40, 40, 40, 40, 94, 90, 90, 90, 114, 110, and 110, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
SPEAKING & WRITING FEES
2016 AMOUNT: \$ 52,476.
MISCELLANEOUS
2012 AMOUNT: \$ 54,741.
2013 AMOUNT: \$ 65,172.
2014 AMOUNT: \$ 17,949.
2015 AMOUNT: \$ 15,438.

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Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service

Name of the organization

# \*\* PUBLIC DISCLOSURE COPY \*\*

# **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

# 2016

Employer identification number

EDUCATION

COUNCILS FOR INTERNATIONAL

52-1067256

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{X}$ 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

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

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

# **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

# Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, 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 one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

## Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION Employer identification number

52-1067256

Part I	<b>Contributors</b> (See instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,583,635.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,055,412.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>59,108,971.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
623452 10-18	8-16 <b>2</b>		990, 990-EZ, or 990-PF) (2016)

Schedule B	(Form 990.	990-EZ,	or 990-PF	(2016)	)
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Name of organization

AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION

Employer identification number

52-1067256

### Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I \$ Schedule B (Form 990, 990-EZ, or 990-PF) (2016) 623453 10-18-16 24

Name of orga AMERIC	anization CAN COUNCILS FOR INTERNA	TIONAL		Employer identification number
EDUCAT		butions to occopizations d	accribed in costi	52-1067256
Part III	the year from any one contributor. Complete co	olumns (a) through (e) and	I the following line	
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona		of \$1,000 or less for th	e year. (Enter this info. once.)  \$
(a) No.		•		
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
-		(a) Transf	or of sift	
		(e) Transf	er or gift	
	Transferee's name, address, an	d ZIP + 4	R	elationship of transferor to transferee
Γ				·
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
Faili				
		(e) Transf	er of gift	
	Transferee's name, address, an		B	elationship of transferor to transferee
-			<u></u>	
(a) Na	I			
(a) No. from	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
Part I				
		(e) Transf	er of gift	
	Transformal and the second			
-	Transferee's name, address, an		R	elationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of g	lift	(d) Description of how gift is held
Part I		( , 7.3		., ,
Γ		(e) Transf	er of gift	
F	Transferee's name, address, an	d ZIP + 4	R	elationship of transferor to transferee

623454 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 4

# SCHEDULE C (Form 990 or 990-EZ)

# 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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. 2016 Open to Public

Inspection

Schedule C (Form 990 or 990-EZ) 2016

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

anization answered						

- 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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	EDU	RICAN COUNCILS FOR CATION			oyer identification number $52 - 1067256$			
Pa	art I-A Complete if t	he organization is exempt	under section 501(c)	or is a section 527 o	rganization.			
2	Political campaign activity e	organization's direct and indirect p expenditures campaign activities		▶\$				
		he organization is exempt						
1	Enter the amount of any exe	cise tax incurred by the organization	n under section 4955	▶ \$				
		cise tax incurred by organization ma						
		a section 4955 tax, did it file Form 4						
					Yes 📖 No			
b	If "Yes," describe in Part IV.	he organization is exempt	under section 501(a)	oxeent section 501/	a)/2)			
		xpended by the filing organization f						
Z		g organization's funds contributed	0					
2		nditures. Add lines 1 and 2. Enter h						
3								
1	Did the filing organization fil	o Form 1120-DOL for this year?		φ	Yes No			
	political action committee (F	PAC). If additional space is needed,	, provide information in Part	IV.	i			
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

632041 11-10-16

		Form 990 or 990-EZ) 2016	EDUCA	FION			52-1	067256 Page 2		
Pa	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under									
	section 501(h)).									
Α	Check 🕨 🗔 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,									
		expenses, and sha	re of exces	s lobbying (	expenditures).					
BC	Check 🕨	if the filing organiza	ation check	ed box A ar	nd "limited control" pro	ovisions apply.	-			
			its on Lobb ditures" m		nditures Ints paid or incurred.)	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals		
1a	a Total lol	bbying expenditures to infl	uence publ	ic opinion (	grass roots lobbying)					
k	o Total lo	bbying expenditures to infl	uence a leg	islative boo	dy (direct lobbying)		55,000.			
c	c Total lo	bbying expenditures (add	lines 1a and	11b)			55,000.			
c	d Other e	xempt purpose expenditur	res				77,625,490.			
e	e Total ex	empt purpose expenditure	es (add line:	s 1c and 1c	d)		77,680,490.			
1	f_Lobbyir	ng nontaxable amount. Ent	er the amou	unt from the	e following table in bot	h columns.	1,000,000.			
	If the an	nount on line 1e, column (a)	or (b) is:	The lob	bying nontaxable am	ount is:				
	Not ove	er \$500,000		20% of	the amount on line 1e.					
	Over \$5	500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.				
	Over \$1	,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.				
	Over \$1	,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ss over \$1,500,000.				
	Over \$1	7,000,000		\$1,000,0						
ç	g Grassro	oots nontaxable amount (ei	nter 25% of	f line 1f)			250,000.			
ł	n Subtrac	ct line 1g from line 1a. If zei	ro or less, e	nter -0			0.			
i	i Subtrac	ct line 1f from line 1c. If zer	o or less, er	nter -0			0.			
j	j If there	is an amount other than ze	ero on eithe	r line 1h or	line 1i, did the organiza	ation file Form 4720	_			
	reportin	ng section 4911 tax for this	year?				L	Yes No		
	4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)									
	Lobbying Expenditures During 4-Year Averaging Period									
		Calendar year al year beginning in)	(a) 2	2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> Total		
-		ng nontaxable amount	1,000	0,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
k	-	ng ceiling amount of line 2a, column(e))						6,000,000.		

50,500.

250,000.

54,000.

250,000.

Schedule C (Form 990 or 990-EZ) 2016

55,000.

250,000.

197,500.

1,000,000.

1,500,000.

c Total lobbying expenditures

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

23490403 137216 064-03802200 2016.05070 AMERICAN COUNCILS FOR INTER 064-03V1

38,000.

250,000.

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# Schedule C (Form 990 or 990-EZ) 2016 EDUCATION 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 e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	)
of the	obbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
i	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(5),	or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th	ne prior year?	3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				no 3 is
	answered "Yes."		) i ai	. m- <del>,</del> m	100,13
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A, I	ines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2016

632043 11-10-16

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00		Sumplement	al Financial Statementa		OMB No. 1545-0047		
(Form 990) SCHEDULE D (Form 990) Complete if the organization answered "Yes" o					2016		
(FOI)	11 990)	Part IV, line 6, 7, 8, 9, 10	/, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.				
	ment of the Treasury	Information about Schedule D (Fo	form990	Open to Public Inspection			
	e of the organization				loyer identification number 52-1067256		
Pa	rt I Organiza	tions Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accou	nts.Complete if the		
	organizatior	n answered "Yes" on Form 990, Part IV, lir					
			(a) Donor advised funds	( <b>b)</b> Func	Is and other accounts		
1		d of year					
2		contributions to (during year)					
3		grants from (during year)					
4		end of year					
5	-		writing that the assets held in donor advised fur				
•			exclusive legal control?		Yes No		
6	Ũ	0	advisors in writing that grant funds can be used	,			
			or donor advisor, or for any other purpose confe	-			
Pa	impermissible priva		ganization answered "Yes" on Form 990, Part IV	/ line 7			
1		ervation easements held by the organizat	-	, 1110 7 .			
•		of land for public use (e.g., recreation or	· · · · · · · · · · · · · · · · · · ·	v import	ant land area		
		f natural habitat	Preservation of a certified h				
		of open space					
2			ified conservation contribution in the form of a c	onserva	tion easement on the last		
	day of the tax year	• •			Held at the End of the Tax Year		
а				2a			
b				2b			
с	Number of conserv	vation easements on a certified historic st	ructure included in (a)	2c			
d	Number of conserv	vation easements included in (c) acquired	after 8/17/06, and not on a historic structure				
	listed in the Nation	al Register		2d			
3	Number of conserv	vation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	nization	during the tax		
	year 🕨						
4		where property subject to conservation ea					
5			eriodic monitoring, inspection, handling of				
~		procement of the conservation easements					
6	Staff and volunteel	r nours devoted to monitoring, inspecting	, handling of violations, and enforcing conservat	ion ease	ements during the year		
7			dling of violations, and enforcing conservation e	acomon	to during the year		
'	► \$	es incurred in monitoring, inspecting, han	ding of violations, and enforcing conservation e	asemen	is during the year		
8	· ·	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)(	B)(i)			
Ū					Yes No		
9			tion easements in its revenue and expense state				
		•	ation's financial statements that describes the or				
	conservation ease			-	-		
Pai	rt III Organiza	tions Maintaining Collections of	of Art, Historical Treasures, or Other	Simila	nr Assets.		
	Complete if	the organization answered "Yes" on Forn	n 990, Part IV, line 8.				
1a	If the organization	elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement a	and bala	nce sheet works of art,		
	historical treasures	s, or other similar assets held for public ex	hibition, education, or research in furtherance o	f public :	service, provide, in Part XIII,		
		note to its financial statements that desci					
b	-		SC 958), to report in its revenue statement and I				
		-	education, or research in furtherance of public se	ervice, p	rovide the following amounts		
	relating to these ite			•			
				🕨 \$			
~	.,						
2	-		easures, or other similar assets for financial gain,	, provide			
~	-	Ints required to be reported under SFAS <sup>-</sup>		▶ \$			
-		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2016		
	1 08-29-16						

29

AMERICAN	COUNCILS	FOR	INTERNATIONA	L

Sche	dule D (Form 990) 2016 EDUCATI	ON	1 011	111101			52	-10	67256	5 Pa	age <b>2</b>
	t III Organizations Maintaining C	<b>Collections of A</b>	rt, His	torical Tr	easures, o	r Other	Similar /	Asse	<b>ts</b> (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	are a sigr	nificant use	of its	collectior	n item	s
	(check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progra	ms					
b	Scholarly research	e									
с	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit o	or receive donations	of art, hi	istorical trea	sures, or othe	er similar a	ssets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered "	Yes" on F	orm 990, Pa	art IV, '	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		-							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other ass	sets not in	cluded				
	on Form 990, Part X?							🖂	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						/?		Yes		No
	If "Yes," explain the arrangement in Part XIII.					-					]
Par											
		(a) Current year	(b) P	rior year	(c) Two years	s back 🛛 (d	) Three years	s back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
Ū	and programs										
f	Administrative expenses										
	End of year balance										
g 2	Provide the estimated percentage of the cur	ront year and balanc	l co (lino 1	a colump (r	)) hold as:						
	Board designated or quasi-endowment	rent year end balant	ا عارا) عد %	g, column (a	a)) Heiu as.						
	Permanent endowment	%	70								
С	Temporarily restricted endowment	%									
0-	The percentages on lines 2a, 2b, and 2c sho			-4 11-1							
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	na administer	ed for the	organizatio	m	г	V	
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
_	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Fai	rt VI Land, Buildings, and Equipm			/ llas dd		Dent V. III					
	Complete if the organization answere								(		
	Description of property	(a) Cost or o			or other		umulated		(d) Book	value	;
	<u> </u>	basis (investr	nent)	Sizsu	(other)	depre	eciation	+-			
	Land							-			
	Buildings				1 0 0 1	1 ^7		—		<u> </u>	<u></u>
	Leasehold improvements				1,921.		59,882			2,03	
	Equipment			⊿,00	2,568.	1,51	L9,551	·	48.	3,01	L/•
	Other			(E) (C)				—		5,0!	<u> </u>
Lota	I. Add lines 1a through 1e. (Column (d) must e	auai Form 990 Part	x colur	тп (B) line 1				· 1	/0:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JU •

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 EDUCATION		52-1067256 Page <b>3</b>
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
Dart IV Other Acceto		

## Uther Assets.

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

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	159,124.
(2) DUE FROM RELATED ORGANIZATION	996,042.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,155,166.

#### Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	DEFERRED RENT	2,025,947.	
(3)	AMOUNTS HELD FOR KOSOVO PROJECT	2,169,821.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	4,195,768.	

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

Schedule D (Form 990) 2016

632053 08-29-16

AMERICAN	COUNCILS	FOR	INTERNATIONAL
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Sche	edule D (Form 990) 2016 EDUCA'I'LON				106/256 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per R	etur	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	78,298,323.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	183,963.		
b	Donated services and use of facilities	2b	42,577.		
с	Recoveries of prior year grants	2c			
d			65,346.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	291,886.
3	Subtract line <b>2e</b> from line <b>1</b>			3	78,006,437.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-65,489.		
с				4c	-65,489.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	77,940,948.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			Retu	
Pa 1				Retu	ırn. 77,986,265.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements			1	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a		1	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	42,577.	1	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	77,986,265.
1 2 b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	42,577. 263,198.	1	77,986,265. 305,775.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	42,577. 263,198.	1	77,986,265.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	2a 2b 2c 2d	42,577. 263,198.	1 2e	77,986,265. 305,775.
1 2 b c d 8 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>	2a 2b 2c 2d	42,577. 263,198.	1 2e	77,986,265. 305,775.
1 2 b c d 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	42,577. 263,198.	1 2e	77,986,265. 305,775. 77,680,490.
1 2 3 4 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	2a 2b 2c 2d 4a 4b	42,577.	1 2e 3 4c	77,986,265. 305,775. 77,680,490. 0.
1 2 b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	42,577.	1 2e 3	77,986,265. 305,775. 77,680,490.

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

# PART X, LINE 2:

AMERICAN COUNCILS IS EXEMPT FROM THE PAYMENT OF INCOME TAXES ON ITS EXEMPT

ACTIVITIES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS

CLASSIFIED AS AN ORGANIZATION THAT IS NOT PRIVATE FOUNDATIONS UNDER

SECTION 509(A) OF THE CODE.

### THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD REGARDING THE RECOGNITION

AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ORGANIZATION EVALUATED ITS

TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT

TO BE SUSTAINED ON EXAMINATION. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT

TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

632054 08-29-16

Schedule D (Form 990) 2016

AMERICAN COUNCILS FOR INTERNATIONAL           Schedule D (Form 990) 2016         EDUCATION           Part XIII         Supplemental Information (continued)	52-1067256 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
REVENUE FROM RELATED ENTITY	65,346
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	-65,489
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EVENT EXPENSES	65,489
EXPENSES FROM RELATED ENTITY	197,709
TOTAL TO SCHEDULE D, PART XII, LINE 2D	263,198

<sup>23490403 137216 064-03802200 2016.05070</sup> AMERICAN COUNCILS FOR INTER 064-03V1

SCHEDULE F	Statement of Activities Outside the United States							
			n answered "Yes" on Form 990, Part			2016		
Department of the Treasury			Attach to Form 990.			Open to Public		
	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/i		Inspection		
Name of the organization AMERICAN COUNCI		៶៲៳ឨ៰៶៲៱៳τ			Employer id	entification number		
EDUCATION	19 FOR I	NIGUNAII	ONAL		52-1067256			
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on								
Form 990, Part IV								
			ds to substantiate the amount of its gr the selection criteria used to award the			X Yes No		
				grants of ass	13tanoc :			
-	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance	e outside the		
United States.								
	-		an be duplicated if additional space is					
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region	.,	vity listed in (d)	(f) Total expenditures		
	offices in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	for and		
	In the region	independent contractors	recipients located in the region)		(s) in the region	investments		
		in the region				in the region		
EAST ASIA AND THE								
PACIFIC - AUSTRALIA,			PROGRAM SERVICES AND GRANTS					
BRUNEI, BURMA,			TO RECIPIENTS LOCATED IN					
CAMBODIA,	1	5	REGION	INTERNATION	NAL EDUCATIO	ON 4,288,617.		
EUROPE (INCLUDING								
ICELAND & GREENLAND)			PROGRAM SERVICES AND GRANTS					
- ALBANIA, ANDORRA,			TO RECIPIENTS LOCATED IN					
AUSTRIA, BELGIUM	7	32	REGION	INTERNATION	NAL EDUCATIO	DN 2,582,843.		
MIDDLE EAST AND								
NORTH AFRICA -			PROGRAM SERVICES AND GRANTS					
ALGERIA, BAHRAIN,			TO RECIPIENTS LOCATED IN					
DJIBOUTI, EGYPT,	0	0	REGION	INTERNATION	NAL EDUCATIO	ON 3,100,657.		
RUSSIA AND								
NEIGHBORING STATES -			PROGRAM SERVICES AND GRANTS					
ARMENIA, AZERBIJAN,			TO RECIPIENTS LOCATED IN					
, , BELARUS,	11	215	REGION	INTERNATION	NAL EDUCATIO	DN 17,842,564.		
SOUTH AMERICA -						, ,		
ARGENTINA, BOLIVIA,			PROGRAM SERVICES AND GRANTS					
BRAZIL, CHILE,			TO RECIPIENTS LOCATED IN					
COLUMBIA, ECUADOR,	0	0	REGION	INTERNATION	NAL EDUCATIO	ON 31,034.		
SOUTH ASIA -						, -		
AFGHANISTAN,			PROGRAM SERVICES AND GRANTS					
, BANGLADESH, BHUTAN,			TO RECIPIENTS LOCATED IN					
INDIA, MALDIVES,	1	14		INTERNATION	NAL EDUCATIO	DN 2,673,872.		
SUB-SAHARAN AFRICA -								
ANGOLA, BENIN,			PROGRAM SERVICES AND GRANTS					
BOTSWANA, BURKINA			TO RECIPIENTS LOCATED IN					
		6		ΤΝΨΈΡΝΔΨΤΟΙ	NAL EDUCATIO	DN 1,671,870.		
FASO,		•	KEGION		AD EDUCATIO	1,071,070.		
	20	272				30 101 /57		
<b>3 a</b> Sub-total	20	212				32,191,457.		
<b>b</b> Total from continuation		_				0		
sheets to Part I		0				0.		
c Totals (add lines 3a		0.00				20 101 155		
and 3b)	20	272				32,191,457.		

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

Schedule F (Form 990) 2016

632071 09-21-16

# AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION

Schedule F (Form 990) 2016

52-1067256

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)				
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by												
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities												

Page 2

### 632073 09-21-16

AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION

Schedule F (Form 990) 2016

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.

Part III can be duplicated if a	additional space is neede	1					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EAST ASIA AND THE						
SMALL GRANTS	PACIFIC	20	21,001.	WIRE TRANSFER	0.		воок
	EUROPE (INCLUDING ICELAND &						
SMALL GRANTS	GREENLAND)	15	18 457	WIRE TRANSFER	0.		воок
		10	10,107.				
	MIDDLE EAST AND						
SMALL GRANTS	NORTH AFRICA	10	10,898.	WIRE TRANSFER	0.		воок
	RUSSIA AND						
GRANTS TO PARTNERS & SMALL	NEIGHBORING						
GRANTS	STATES	86	103,352.	WIRE TRANSFER	0.		воок
GNALL ODANTES			1 1 5 0				DOOT
SMALL GRANTS	SOUTH AMERICA	1	1,150.	WIRE TRANSFER	0.		воок
SMALL GRANTS	SOUTH ASIA	15	7,803.	WIRE TRANSFER	0.		воок
			, -				
	SUB-SAHARAN						
SMALL GRANTS	AFRICA	17	8,730.	WIRE TRANSFER	0.		воок

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Schedule F (Form 990) 2016

Page 3

52-1067256

Schedu	ule F (Form 990) 2016 EDUCATION	52-1067256	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	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; do not 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? <i>If</i> "Yes," <i>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)</i>	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 "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	X Yes	No No

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 EDUCATION	52-1067256	Page <b>5</b>
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	ing method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting metho	,, , , , , , , , , , , , , , , , , , , ,	;)
(estimated number of recipients), as applicable. Also complete this part to provide any additional inform	nation. See instructions.	
PART I, LINE 2:		
ALL GRANTEES ARE SELECTED THROUGH A COMPETITIVE MECHANISM	THAT ANALYZE	S
THEIR ELIGIBILITY FOR THE FUNDING AS WELL AS MEASURES THE	GRANTEE AGAI	NST
OBJECTIVE CRITERIA TO DETERMINE SUITABILITY FOR FUNDING. E	FOR INDIVIDUA	L
PARTICIPANTS, FUNDS ARE OFTEN PROVIDED NOT AS A DOLLAR OUT	LAY, BUT IN	
TERMS OF PAYING FOR PROGRAM EXPENSES ON BEHALF OF A PARTIC	CIPANT TO A	
VENDOR. FUNDING GIVEN TO A PARTICIPANT EITHER DIRECTLY OR	THROUGH	
PAYMENTS ON HIS OR HER BEHALF ARE TRACKED BY PARTICIPANT.	AMERICAN	
COUNCILS MONITORS INDIVIDUALS IN ITS PROGRAMS TO DETERMINE	E AND ENSURE	
THAT THEY ARE ENGAGING IN THE ACTIVITIES AS OUTLINED AS A	CONDITION OF	
THEIR AWARD. INDIVIDUALS ARE REQUIRED TO SUBMIT REPORTS,	INCLUDING GRA	DES
IF APPLICABLE, DURING THE COURSE OF THE PROGRAM. IN THE CA	ASE OF GRANTS	
GIVEN TO INDIVIDUALS TO CARRY OUT PROJECTS, FUNDS ARE NORM	ALLY DISBURS	ED
IN TWO OR MORE PAYMENTS, WITH THE FINAL PAYMENT DEPENDENT	UPON SUBMISS	ION
OF ACTIVITIES AND A FINANCIAL REPORT.		

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the co	ntal Information Regarding e organization answered "Yes" on organization entered more than \$1 ► Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 5,000 or Fo and its	990, I on Fo rm 99 s instru	Part IV, line 17, 18, c rm 990-EZ, line 6a. 10-EZ. uctions is at <i>www.irs.</i> g	or 19,	or if the orm990.	OMB No. 1545-0047
Name of the organization	AMERICA EDUCATI	N COUNCILS FOR INT ON	ERN	ATI	ONAL		Employer i 52-106	dentification number 57256
Part I Fundraisi	ng Activities	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1		
<ol> <li>Indicate whether the a Mail solicitation</li> <li>a Mail solicitation</li> <li>b Internet and a C Phone solicit.</li> <li>d In-person solicit</li> <li>2 a Did the organization key employees lister</li> </ol>	e organization rais ons email solicitations ations icitations n have a written c ed in Form 990, P highest paid indiv	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Υ Γ	' <b>es No</b> o be
(i) Name and address or entity (fund		(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	y) to (or retained by)
			Yes	No				
Tatal		L	1	<u> </u>				
Total         3         List all states in white or licensing.	ch the organizatic	on is registered or licensed to solicit o	contrib	oution	l s or has been notified	d it is	exempt fron	n registration
LHA For Paperwork Re	duction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Schee	dule G (Forn	n 990 or 990-EZ) 2016

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52-1067256 Page 2 Schedule G (Form 990 or 990-EZ) 2016 EDUCATION Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (a) Event #1 (c) Other events (d) Total events SILENT(add col. (a) through LEGACY EVENTAUCTION 2 col. (c)) (event type) (event type) (total number) levenue 75,550. 45,508. 57,855. 178,913. 1 Gross receipts

• • • • • • • • • • • • • • • • • • • •									
2 Less: Contributions	53,798.	17,761.	19,781.	91,340.					
<b>3</b> Gross income (line 1 minus line 2)	21,752.	27,747.	38,074.	87,573.					
4 Cash prizes									
5 Noncash prizes									
6 Rent/facility costs	2,650.			2,650.					
7 Food and beverages	21,752.	1,172.		22,924.					
8 Entertainment	650.	13.		663. 39,252.					
9 Other direct expenses									
	65,489.								
<b>11</b> Net income summary. Subtract line 10 from li	22,084.								
	<ul> <li>3 Gross income (line 1 minus line 2)</li> <li>4 Cash prizes</li> <li>5 Noncash prizes</li> <li>6 Rent/facility costs</li> <li>7 Food and beverages</li> <li>8 Entertainment</li> <li>9 Other direct expenses</li> <li>10 Direct expense summary. Add lines 4 through</li> </ul>	3 Gross income (line 1 minus line 2)21,752.4 Cash prizes55 Noncash prizes2,650.6 Rent/facility costs2,650.7 Food and beverages21,752.8 Entertainment650.9 Other direct expenses395.	3 Gross income (line 1 minus line 2)       21,752.       27,747.         4 Cash prizes	3 Gross income (line 1 minus line 2)       21,752.       27,747.       38,074.         4 Cash prizes					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

Revenue		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1 Gross revenue				
ses	2 Cash prizes				
Expen	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % │── No	Yes%	
	7 Direct expense summary. Add lines 2 through	5 in column (d)		►	
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization condu Is the organization licensed to conduct gaming ac If "No," explain:	tivities in each of these	states?		Yes No
	Were any of the organization's gaming licenses re If "Yes," explain:		-	• • • • • • • • • • • • • • • • • • • •	Yes No
6320	82 09-12-16			Schedule G (Fo	rm 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 EDUCATION 52-	10672	256 Page	3
11	Does the organization conduct gaming activities with nonmembers?	. 🗆 Y	es 🗌 N	0
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	<b>Y</b>	es 🗌 N	0
13	Indicate the percentage of gaming activity conducted in:			
a	I The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗆 Y	es 🗌 N	0
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	s If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <b>&gt;</b> \$			
	Description of services provided 🕨			
	Director/officer  Employee  Independent contractor			
	Mandatory distributions:			
a	I Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>D</b> Y	es 🗆 N	ο
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	<ul> <li>Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions</li> </ul>	lines 9, 9	b, 10b, 15b,	
6320	83 09-12-16 Schedule G (For 4 1	rm 990 or	990-EZ) 20	16

				FOR	INTERNATIONAL	52-1067256 <sub>P</sub>
hedule G	(Form 990 or 990-EZ) Supplemental Info	rmation (continued	d)			52-1007250 P
			,			
						0-b-b-b-b-0/5 000 00
84						Schedule G (Form 990 or 99

SCHEDULE I (Form 990) Department of the Treasury												
Internal Revenue Service	ΔΜΈΡΤΟΛΝ		ion about Schedule I FOR INTERNA		s instructions is a	t www.irs.gov/form99	00.					
Name of the organizat	EDUCATION		FOR INTERNA					Employer identification number 52-1067256				
Part I General Ir	nformation on Grants a	nd Assistance										
-	zation maintain records		-									
	award the grants or assis							X Yes No				
	IV the organization's pro					nization answered "		t N/ line O1 for onv				
	d Other Assistance to hat received more than \$	-				anization answered	res <sup>®</sup> on Form 990, Par	t IV, line 21, for any				
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
WORCESTER POLYTEC 100 INSTITUE ROAL WORCESTER, MA 016	)	04-2121659	501(C)(3)	16,280.	0.			SUPPORT EURECA PROJECT				
2 Enter total numb	per of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table			•	▶ <u>1.</u>				
	per of other organization							0.				
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2016)				

# AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

ALL GRANTEES ARE BASED ON THE AWARD AND APPROVED BY GRANTING AGENCY BUDGET.

AMERICAN COUNCILS MONITORS ALL GRANTEES FOLOWING UNIFORM GUIDANCE AND

AMERICAN COUNCILS PROCEDURES: AMERICAN COUCILS HAVE AN AGREEMENT WITH EACH

GRANTEES, ALL PAYMENTS ARE ON REIMBURSEMENT BASIS, BEFORE MAKING ANY

PAYMENTS ANY GRANTEES HAS TO GO THROUGH SAM/DEBARRED SYSTEM. IN THE CASE OF

GRANTS GIVEN TO GRANTEES TO CARRY OUT PROJECTS, FUNDS ARE NORMALLY

DISBURSED IN TWO OR MORE PAYMENTS, WITH THE FINAL PAYMENT DEPENDENT UPON

SUBMISSION OF ACTIVITIES AND A FINANCIAL REPORT.

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Page 2

(Form 990)         For cortain Officers, Directors, Trustees, Key Employes, and Highest         Complete if the organization         Acatestic Employes	SCHE	EDULE J Compensation Information	OMB N	o. 1545-00	)47
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.     Depend to Form 900.     Information about Schedule J (Form 900) and its instructions is at www.ks.gov/Kom90.     The Public Inspection     The appropriate boxies) if the organization provided any of the following to or for a person listed on Form 900.     Part IV, Bection A. line 1a. Complete Part III to provide any relevant information regarding these items.     Part IV, Section A. line 1a. Complete Part III to provide any relevant information regarding these items.     Part IV, Section A. line 1a. Complete Part III to provide any relevant information regarding these items.     Part IV, Section A. line 1a. Complete Part III to provide any relevant information regarding these items.     Part IV, Section A. line 1a. Complete Part III to provide any relevant information regarding these items.     Part IV, Section A. line 1a. Complete Part III to provide any relevant information regarding these items.     Part IV, Inter Comparison and gross-up payments     Parton 10 the organization and gross-up payments     Parton 10 the organization provide any relevant information regarding these items.     Parton 10 the organization of all of the expenses described above? If 'No,' complete Part III to explain	(Form	1 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	2016		
Preparation the Treaver     Provide any of the organization     Amere of the organization     Ameree of the orga				JIU	J
terrorResent seve:	Departme	N Attack to Forms 000			
EDUCATION         52-1067256           Part I         Questions Regarding Compensation         Yes         No           a Check the appropriate box(se) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 12, Complete Part III to provide any relevant information regarding these terms.         Yes         No           Travel for companions         Payments for business use of personal resoluce	Internal R	evenue Service Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form		-	
Part I       Questions Regarding Compensation         1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complex Comp	Name o	-			mber
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           B Check the appropriate box(es) if the organization provided any relevant information regarding these items.         Housing allowance or residence for personal use independent of companions payments for boxiess oue of personal residence of personal residen	Deut		52-10672	56	
1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, Ine 1a. Compate Part III to provide any relevant information regarding these items.            First-Idass or charter travel        Housing allowance or residence for personal use             First-Idass or charter travel        Housing allowance or residence for personal use             First-Idass or charter travel        Housing allowance or residence for personal use             First-Idass or charter travel        Housing allowance or residence for personal use             First-Idass or charter travel        Housing allowance or residence for personal use             First-Idass or charter travel        Housing allowance or residence for personal use             Discretionary spending account        Personal services (such as, maid, chauffeur, chef)             P Id to boxes on line 1a are checked, did the organization follow a written policy regarding payment or        Ith             P Did to boxes organization require travel substantiation prior to reimbursing or allowing by all directors,        Ith             P Id to boxes on onmittee           Written employment contract           Written employment contract             Materiate or residue organizations           Suportresidue organizatization </th <th>Part</th> <th>Questions Regarding Compensation</th> <th></th> <th></th> <th><del></del></th>	Part	Questions Regarding Compensation			<del></del>
Part VII. Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <ul> <li>First-class or charter travel</li> <li>Housing allowance or residence for personal use</li> <li>Pirst-class or charter travel</li> <li>Payments for business use of personal residence</li> <li>Tax indemnification and gross up payments</li> <li>Pleatin or social club dues or initiation fees</li> <li>Discretionary spending account</li> <li>Personal services (such as, maid, chartflerur, cheft)</li> </ul> <li>If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</li> <li>If the organization require substantiation pror to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, but explain in Part III.</li> <li>Indicate which, If any, of the following the filing organization used to establish the compensation orbit to establish compensation committee</li> <li>With the employment contract</li> <li>Indicate organizations</li> <li>Compensation committee</li> <li>With epart or compensation committee</li> <li>Approval by the board or compensation committee</li> <li>During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</li> <ul> <li>Receive a severance payment from, an equily based compensation arrangement?</li> <li>Hor Yes' to any of lines 4ac, list the persons and provide the applicable amounts for each term in Part III.</li> </ul> <li>Only section 501c(30), 501c(14), and 501c(120) organiza</li>				Yes	No
First-class or charter travel Housing allowance or residence for personal use   Travel for companions Payments for business use of personal residence   Tax will for companions Personal services (such as, maid, chauffeur, chef)   b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain   2 Did the organization regular substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?   3 Indicate which, if any, of the following the filing organization used to establish the compensation of the corganization regular borector. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.   X Compensation committee Written employment contract   in dependent compensation or brom 990, Part VII, Section A, line 1a, with respect to the filing organization:   a Receive a severance payment from, an equity-based compensation arrangement?   if "Yes" to any of line 54 ac, list the persons and provide the applicable amounts for each item in Part III.   Ohy section 501(c)(3), 501(c)(4), and 501(c)(29) organization must complete lines 5-9.   5 For persons listed on Form 990, Part VII.   6a X   b Any related organization?   if "Yes" to ain line 5a, of 80, describe in Part III.   6a X   b Any related organization?   if "Yes" to line 6a or 6b, describe in Part III.   6a X			990,		
Image: Travel for companions       Payments for business use of personal residence         Image: Tax indemification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as, maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reinbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reinbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, degarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation to establish compensation comsultant       Image: Compensation committee       2         Image: Term 990 of other organizations       Image: Compensation committee       Image: Compensation committee       4a       X         Participate in, or receive payment from, a supplemental nongualified retirement plan?       4a       X       Camparization?         4       During the year, of an person sisted on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4b       X         5       Participate in, or receive payment from, a supplemental nongualified retirement plan?       4b       X         6       Participate in, or	Pa				
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as, maid, chauffeur, chef)         b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         Image: Compensation committee       Written employment contract       2         Indicate which, if any, of the following the filing organizations       X Compensation survey or study       X         Image: Compensation consultant       X Compensation committee       4       X         Image: Point or a related organization:       Approval by the board or compensation committee       4         Image: Point or a related organization:       Approval by the board or compensation committee       4         Image: Point or a related organization:       Approval by the board or compensation committee       4         Image: Point or a related organization:       Approval by the board or compensation commi					
Discretionary spending account       Personal services (such as, maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incured by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director, but explain in Part III.       2         IM       Compensation committee       Written employment contract         IN       Compensation survey or study         Imdependent compensation consultant       Imdependent compensation consultant       Imdependent compensation consultant         B       Participate in, or receive payment from, a supplemental inonqualified retirement plan?       4a       X         Participate in, or receive payment from, a supplemental onequalified retirement plan?       4a       X         Chysection 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       5b       X         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the evenues of:       5a       X			dence		
b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filling organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Imdependent compensation consultant       Imdependent compensation consultant       Imdependent compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         b       Participate in, or receive payment from, an equity-based compensation pay or accrue any compensation contingent on the revenues of:       5a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         c       X       May related organization?       5a       X       <			r obof)		
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Image: CEO/Executive Director. Dut explain in Part III.       Image: CEO/Executive Director. Dut explain in Part III.       2         Image: CEO/Executive Director. Dut explain in Part III.       Image: CEO/Executive Director. Dut explain in Part III.       2         Image: CEO/Executive Director. Dut explain in Part III.       Image: CEO/Executive Director. Dut explain in Part III.       4a       X         Image: During the year, did any person listed on Form 990. Part VII. Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Image: During the year, did any person issted on Form 9a0. Part VII. Section A			r, chel)		
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Image: CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Image: CEO/Executive Director. Dut explain in Part III.       Image: CEO/Executive Director. Dut explain in Part III.       2         Image: CEO/Executive Director. Dut explain in Part III.       Image: CEO/Executive Director. Dut explain in Part III.       2         Image: CEO/Executive Director. Dut explain in Part III.       Image: CEO/Executive Director. Dut explain in Part III.       4a       X         Image: During the year, did any person listed on Form 990. Part VII. Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Image: During the year, did any person issted on Form 9a0. Part VII. Section A	h lf	any of the bayes on line 1a are checked, did the organization follow a written policy regarding navment or			
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the Items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, Durector, Utex explain in Part III.       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any person sisted on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related payment from, a supplemental nonqualified retirement plan?       4a       X         9       Participate in, or receive payment from, a supplemental compensation pay or accrue any compensation contingent on the revenues of:       3a       X         9       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4a       X         0       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       5a       X <td></td> <td></td> <td>11</td> <td></td> <td></td>			11		
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation or the CEO/Executive Director, but explain in Part III.       Indicate which, if any, of the following the filing organizations within Part III.       Written employment contract       Indicate which, if any, of the following the filing organizations         3       Indicate which, if any, of the following the filing organization committee       Written employment contract       Indicate which, if any, of the following the filing organization or a related organization:         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization receive payment from, a supplemental nonqualified retirement plan?       4a       X         4       During the year, did any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         6       The organization?       6				,	
3       Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Ceo/Executive Director. but explain in Part III.         Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Ceo/Executive Director. but explain in Part III.         Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Ceo/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization?         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       Image: Ceo/Executive Director. Check all the organization pay or accrue any compensation contingent on the revenues of:         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       Seb			2		
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation committee       Image: Compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       Image: Compensation pay or accrue any compensation contingent on the retermings of:       Image: Compensation pay or accrue any compensation contingent on the net earnings of:         5       For persons listed organization?       Image: Compensation pay or accrue any compensation contingent on the net earnings of:       Image: Compensation provide any nonfixed payments       Image: Compensation provide any nonfixed payments       Image:			······		-
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       Image: Compensation of the CEO/Executive Director, but explain in Part III.         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation committee       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organizations       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation or a related organization:       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization:       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a related organization?       Image: Compensation committee       Image: Compensation committee         Image: Compensation or a receive payment from, an equity-based compensation arrangement?       Image: Compensation         Image: Compensat	3 In	dicate which if any of the following the filing organization used to establish the compensation of the organizati	ion's		
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Independent compensation consultant       Written employment contract         Independent compensation consultant       X Compensation survey or study         X Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b Participate in, or receive payment from, an equity-based compensation arrangement?       4b       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X       6b       X         b Any related organization?       6a       X       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         b Any related organization?       6a       X					
Independent compensation consultant       Independent compensation consultant       Independent compensation consultant         Independent compensation consultant       Independent compensation committee       Independent compensation committee         Independent compensation consultant       Independent compensation committee       Independent compensation committee         Independent compensation consultant       Independent compensation committee       Independent compensation committee         Independent compensation committee       Independent compensation committee       Independent compensation committee         Independent compensation committee       Independent compensation committee       Independent compensation committee         Independent compensation committee       Independent compensation committee       Independent compensation committee         Independent compensation committee       Independent compensation committee       Independent compensation committee         Independent compensation control payment?       Independent compensation committee       Independent compensation committee         Independent compensation control payment from, a supplemental nonqualified retirement plan?       Independent compensation       Independent compensation         Independent compensation control payment from, a supplemental nonqualified retirement plan?       Independent compensation       Independent compensation         Independent compainsation       Independent companization </td <td></td> <td></td> <td></td> <td></td> <td></td>					
Independent compensation consultant       Image: Compensation survey or study         Image: Compensation survey of other organizations       Image: Compensation survey or study         Image: Compensation or a related organizations       Image: Compensation survey or study         Image: Compensation or a related organization:       Image: Compensation or a related organization:         Image: Compensation or a related organization:       Image: Compensation arrangement?         Image: Compensation or a related organization:       Image: Compensation arrangement?         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation arrangement?         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation arrangement?         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation arrangement?         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation arrangement?         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation arrangement?         Image: Compensation or receive payment from, an equity-based compensation arrangement?       Image: Compensation arrangement?         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       So         So       For persons listed on Form 990, Part VII.					
Image: Section 2.3       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in, or receive payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revnues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         b       Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the or					
4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4c       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         df "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         ff "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         1       The organization?       6a       X       6b       X         1       The organization?       6a       X       6b       X         1       Tyes" on line 6a or 6b, descr	Σ		mmittee		
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provi					
a Receive a severance payment or change-of-control payment?       4a       X         b Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X       X         b Any related organization?       6a       X         c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6b       X         a The organization?       6a       X       X       X	4 Du	ring the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
b       Participate in, or receive payment from, a supplemental nonqualified retirement plan?       4b       X         c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         lf "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6b       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X					
c       Participate in, or receive payment from, an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       0nly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5b       X         a       The organization?       6a       X         b       Any related organization?       6a       X         ff "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8	<b>a</b> Re	eceive a severance payment or change-of-control payment?	48	3	
If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       Image: Constraint of the persons and provide the applicable amounts for each item in Part III.         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a The organization?       6a       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initital contract exception described in Regulations section 53.4958-4(				>	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         contingent on the net earnings of:       6b       X         a The organization?       6a       X         b Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4((a)(3)? If "Yes," describe in Part III.       8       X	<b>c</b> Pa	articipate in, or receive payment from, an equity-based compensation arrangement?		;	X
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       6b       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9 <td>lf</td> <td>"Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</td> <td></td> <td></td> <td></td>	lf	"Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       6b       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9 <td></td> <td></td> <td></td> <td></td> <td></td>					
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9					
a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	<b>5</b> Fo	or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ר		
b       Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		5			
If "Yes" on line 5a or 5b, describe in Part III.       Image: Control of the second seco	a Th	e organization?			
6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         lf "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			5t	<b>`</b>	
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9					
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9			ו		
b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9		· · · ·			v
If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9	a Ih	le organization?	68		
<ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in</li> <li>If "Yes" on line 8,</li></ul>			6t	)	
not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9					
<ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>			_		v
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9 9					
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in         Regulations section 53.4958-6(c)?       9		• • • • • • • • •			x
Regulations section 53.4958-6(c)?			·····  8		
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Schedule J (Form 990) 2016

EDUCATION

52-1067256

Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) MR DAN E. DAVIDSON	(i)	331,533.	0.	9,889.	20,721.	8,536.	370,679.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	235,544.	10,000.	2,064.	16,280.	5,512.	269,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MS. LISA A. CHOATE	(i)	213,776.	0.	1,956.	14,439.	993.	231,164.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	175,865.	0.	864.	12,210.	9,356.	198,295.	0.
DIRECTOR, INSTITUTIONAL RESEARCH	(ii) [	0.	0.	0.	0.	0.	0.	0.
(5) MR. DAVID P. PATTON	(i)	210,277.	0.	1,956.	14,439.	5,431.	232,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MR. WERNER WOTHKE	(i)	169,610.	0.	2,392.	11,840.	6,843.	190,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii) [							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

AMERICAN	COUNCILS	FOR	INTERNATIONAL
EDUCATION	1		

Schedule J (Form 990) 2016

Part III Supplemental Information

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

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



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

 AMERICAN
 COUNCILS
 FOR
 INTERNATIONAL
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 EDUCATION
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Employer identification number 52 - 1067256

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTERCONNECTED WORLD.

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

ADDITION, STUDENTS SHARE THEIR U.S. EXPERIENCES WITH FRIENDS, FAMILIES

AND COMMUNITIES IN THEIR HOME COUNTRIES. SIMILARLY, U.S. OUTBOUND

STUDENTS ARE AFFORDED OPPORTUNITIES TO SHARE THEIR CULTURE AND VALUES

WITH THEIR INTERNATIONAL HOST FAMILIES, HOST INSTITUTIONS, AND FRIENDS

THROUGHOUT THEIR OVERSEAS PROGRAMS.

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

TO LEARN ABOUT LIFE IN AMERICA.

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

ADMINISTERS THE DOMESTIC AND OVERSEAS NATIONAL FLAGSHIP LANGUAGE

PROGRAM FOR AFRICAN LANGUAGES, ARABIC, CENTRAL ASIAN LANGUAGES,

CHINESE, PERSIAN, AND RUSSIAN, THE PROGRAMS ARE DESIGNED TO ADDRESS THE

CRITICAL NEED FOR GREATER NUMBERS OF U.S. PROFESSIONALS IN BUSINESS,

GOVERNMENT, ACADEMIA, AND THOSE IN THE THIRD SECTOR WHO ARE ABLE TO

SPEAK, READ, UNDERSTAND, AND WRITE THESE LANGUAGES AT THE HIGHEST

LEVELS OF FUNCTIONAL PROFICIENCY.

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

**TEACHER EXCHANGES:** 

AMERICAN COUNCILS SERVES AS A LEADER IN THE FIELD OF TEACHER EXCHANGE,

ADMINISTERING INNOVATIVE TEACHER TRAINING AND FACULTY DEVELOPMENT

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2016)63221108-25-16

Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION	Employer identification number 52-1067256
PROGRAMS THAT OFFER INTERNATIONAL EDUCATORS THE OPPORTUNI	TY TO TRAVEL
TO THE U.S., TEACH THEIR NATIVE LANGUAGE TO AMERICAN STUD	ENTS, LEARN
NEW TEACHING METHODOLOGIES, AND BUILD STRONG PROFESSIONAL	RELATIONSHIPS
WITH THEIR AMERICAN COLLEAGUES. AMERICAN COUNCILS ALSO AD	MINISTERS
BILATERAL FACULTY PROGRAMS THAT OFFER U.S. TEACHERS THE O	PPORTUNITY TO
TRAVEL ABROAD FOR PROFESSIONAL DEVELOPMENT ACTIVITIES, CO	NTRIBUTING TO
THE DISSEMINATION OF VITAL EXPERTISE IN FOREIGN LANGUAGE	TEACHING.
EXPENSES \$ 1,239,667. INCLUDING GRANTS OF \$ 20,466. R	EVENUE \$ 0.
TESTING AND ASSESSMENT:	
AMERICAN COUNCILS IS A RECOGNIZED LEADER IN TESTING AND A	SSESSMENT AND
PROFESSIONAL TRAINING. THE ORGANIZATION ADMINISTERS OVER	100,000
STANDARDIZED EXAMS ACROSS EURASIA AND SOUTHEAST EUROPE EA	CH YEAR TO
ASSESS LANGUAGE KNOWLEDGE AND BREADTH OF UNDERSTANDING. M	ANY OF THESE
ASSESSMENTS ARE CONDUCTED FOR APPLICATIONS TO U.S. GOVERN	MENT –
SPONSORED EDUCATIONAL EXCHANGE PROGRAMS, AS WELL AS FOR A	DMISSIONS TO
U.S. UNIVERSITIES. ADDITIONALLY, ONGOING PROJECTS IN UKRA	INE AND THE

KYRGYZ REPUBLIC HELP TO CREATE INDEPENDENT TESTING ORGANIZATIONS

CAPABLE OF PROVIDING THE PROFESSIONAL AND TRANSPARENT ASSESSMENT

SERVICES NEEDED FOR THE EDUCATION COMMUNITY. AMERICAN COUNCILS HAS ALSO

CREATED ASSESSMENT TOOLS FOR HIGH-LEVEL LANGUAGE LEARNERS IN THE U.S.

IN COOPERATION WITH THE COLLEGE BOARD AND BRYN MAWR COLLEGE AS PART OF

ITS PORTFOLIO OF INTENSIVE TESTING PROGRAMS.

EXPENSES \$ 707,970. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

OTHER PROGRAM	SERVICES			
EXPENSES \$ 0.	INCLUDING G	RANTS OF \$ 0	. REVENUE \$ 1,200,578.	

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Schedule O (Form 990 or 9	990-EZ) (2016)			Page 2
Name of the organization	AMERICAN EDUCATION	 FOR	INTERNATIONAL	Employer identification number 52-1067256

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

AFGHANISTAN, ALBANIA, ARMENIA, AZERBAIJAN,

BOSNIA-HERZEGOVINA, BULGARIA, GEORGIA, KAZAKHSTAN,

KOSOVO, KYRGYZSTAN, LITHUANIA, MACEDONIA,

MOLDOVA, MONTENEGRO, RUSSIA, SENEGAL,

SERBIA, TAJIKISTAN, TURKMENISTAN, UKRAINE

FORM 990, PART VI, SECTION A, LINE 1:

THE ORGANIZATION HAS ESTABLISHED AN EXECUTIVE COMMITTEE WHICH HAS THE

POWERS OF THE BOARD OF TRUSTEES. THE COMMITTEE CONSISTS OF VARIOUS

INDIVIDUALS FROM THE GOVERNING BODY. THE CHAIRMAN OF THE BOARD OF TRUSTEES

SERVES AS A MEMBER AND CHAIR OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE FOLLOWING INDIVIDUALS RECEIVING POSITIONS AS VOTING MEMBERS OF THE

BOARD OF TRUSTEES:

1. THE PRESIDENT OF THE AMERICAN COUNCIL OF TEACHERS OF RUSSIAN.

2. ONE INDIVIDUAL CHOSEN BY THE BOARD OF DIRECTORS OF THE AMERICAN COUNCIL OF TEACHERS OF RUSSIAN

3. THE PRESIDENT OF THE AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION

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

SENIOR MANAGEMENT PERFORMS A DETAILED REVIEW OF THE FORM 990 AND PROVIDES A

COPY OF THE RETURN TO THE GOVERNING BODY PRIOR TO FILING.

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

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL

BOARD MEMBERS AND EMPLOYEES. WHEN A BOARD MEMBER HAS AN ACTUAL OR POTENTIAL 632212 08-25-16 Schedule O (Form 990 or 990-EZ) (2016) 50

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization AMERICAN COUNCILS FOR INTERNATIONAL Employer identification number EDUCATION 52-1067256 CONFLICT OF INTEREST, THE INDIVIDUAL NOTIFIES THE BOARD CHAIR. WHEN UNCERTAINTY EXISTS CONCERNING A CONFLICT, THE REMAINING MEMBERS OF THE BOARD OF TRUSTEES MAKE THE DETERMINATION. WHERE A CONFLICT EXISTS, THE INDIVIDUAL MAY NOT PARTICIPATE IN DISCUSSIONS OR VOTES ON THE TRANSACTION. ALL RELEVANT INFORMATION IS DOCUMENTED IN THE MINUTES OF THE MEETING. BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY AND COMPLETE A DISCLOSURE FORM ANNUALLY. WHEN AN EMPLOYEE HAS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THEY ARE REQUIRED TO DISCLOSE THE RELEVANT FACTS TO THE HUMAN RESOURCES DEPARTMENT. SUITABLE SOLUTIONS ARE THEN PRESENTED AND PURSUED TO AVOID OR MITIGATE THE CONFLICT.

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

THE PRESIDENT'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES. THE EXECUTIVE COMP COMMITTEE IS COMPRISED ENTIRELY OF INDEPENDENT PERSONS. AS PART OF THIS PROCESS, THE EXECUTIVE COMP COMMITTEE CONSULTS A NUMBER OF SALARY SURVEYS, INCLUDING FOR-PROFIT AND NON-PROFIT ORGANIZATIONS, MATCHING THE JOB DESCRIPTIONS AND ORGANIZATION BUDGET SIZE, AS WELL AS GEOGRAPHIC LOCATION, TO ENSURE AN ACCURATE MATCH. THE COMPENSATION DECISIONS ARE REVIEWED BY THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE REVIEW PROCESS AND DECISION ARE DOCUMENTED. THE PROCESS WAS LAST UNDERTAKEN IN 2016.

THE COMPENSATION OF THE OTHER OFFICERS IS DETERMINED BY THE PRESIDENT IN CONJUNCTION WITH THE DIRECTOR OF HUMAN RESOURCES. AS PART OF THIS PROCESS, THEY CONSULT A NUMBER OF SALARY SURVEYS, INCLUDING FOR-PROFIT AND NON-PROFIT ORGANIZATIONS, MATCHING THE JOB DESCRIPTIONS AND ORGANIZATION BUDGET SIZE, AS WELL AS GEOGRAPHIC LOCATION, TO ENSURE AN ACCURATE MATCH. THE COMPENSATION DECISIONS ARE REVIEWED BY THE EXECUTIVE COMPENSATION 632212 08-25-16 51 23490403 137216 064-03802200 2016.05070 AMERICAN COUNCILS FOR INTER 064-03V1

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization AMERICAN COUNCILS FOR INTERNATIONAL	Page 2 Employer identification number
EDUCATION	52-1067256
COMMITTEE OF THE BOARD OF DIRECTORS. THE REVIEW PROCESS A	ND DECISION ARE
DOCUMENTED. THE PROCESS WAS LAST UNDERTAKEN IN 2016.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY AND
FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPC	N REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ADMINISTRATIVE SUPPORT:	
PROGRAM SERVICE EXPENSES	46,476.
MANAGEMENT AND GENERAL EXPENSES	37.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	46,513.
CONSULTANT HOUSING:	
PROGRAM SERVICE EXPENSES	69,767.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	69,767.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	2,786,765.
MANAGEMENT AND GENERAL EXPENSES	752,942.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,539,707.
HONORARIA:	
PROGRAM SERVICE EXPENSES	731,652.
632212 08-25-16 Sche	dule O (Form 990 or 990-EZ) (2016)

Name of the organization AMERICAN COUNCILS FOR INTERNATIONAL EDUCATION	Employer identification num 52–1067256
MANAGEMENT AND GENERAL EXPENSES	15,15
FUNDRAISING EXPENSES	
TOTAL EXPENSES	746,80
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	
MANAGEMENT AND GENERAL EXPENSES	135,50
FUNDRAISING EXPENSES	
TOTAL EXPENSES	135,50
SUBCONTRACTORS:	
PROGRAM SERVICE EXPENSES	23,066,95
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	23,066,95
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	27,605,25
	edule O (Form 990 or 990-EZ) (2

SCH	IEDULE R
<i>.</i>	

### (Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

► Attach to Form 990.				
Department of the Treasury Internal Revenue Service	Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.		Open to Public Inspection	
Name of the organizati			entification number	
	EDUCATION	52-10	67256	

#### Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
CAPA LLC	PROVIDE TESTING AND				
LENINSKY PROSPEKT 2, OFFICE 530	ASSESSMENT ACTIVITIES IN				AMERICAN COUNCILS FOR
, MOSCOW, RUSSIA	THE RUSSIAN FEDERATION	RUSSIA	0.	0.	INTERNATIONAL EDUCATION
	]				
	]				

#### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
AMERICAN CENTER FOR EDUCATION AND TESTING -					AMERICAN COUNCILS		
52-2193942, 1828 L STREET NW, SUITE 1200,	LANGUAGE TESTING,				FOR INTERNATIONAL		
WASHINGTON, DC 20036	ASSESSMENT & TRAINING	MARYLAND	501(C)(3)	LINE 12A, I	EDUCATION	X	
AMERICAN CENTER FOR EDUCATION AND RESEARCH -							
45-0464427, 1828 L STREET NW, SUITE 1200,	LANGUAGE TESTING,						
WASHINGTON, DC 20036	ASSESSMENT & TRAINING	DELAWARE	501(C)(3)	LINE 7	N/A		Х

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

Schedule R (Form 990) 2016

OMB No. 1545-0047

2016

Schedule R (Form 990) 2016 EDUCATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	<sup>al or</sup> Percent <sup>ging</sup> owners
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
	1										
	1										
	1										
	1										
	1										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(t contr ent	(i) ction (b)(13) trolled tity?
		country)				233613			No
									$\square$
									$\square$
									$\square$
	1								
	]								

Schedule R (Form 990) 2016 EDUCATION

Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.
--------	---

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X		
	Gift, grant, or capital contribution to related organization(s)	1b		X		
с	Gift, grant, or capital contribution from related organization(s)	1c		X		
	Loans or loan guarantees to or for related organization(s)	1d		X		
	Loans or loan guarantees by related organization(s)	1e		X		
f	Dividends from related organization(s)	1f		X		
g	Sale of assets to related organization(s)	1g		X		
h	Purchase of assets from related organization(s)	1h		X		
i	Exchange of assets with related organization(s)	1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X		
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X			
	Sharing of paid employees with related organization(s)	10	X			
р	Reimbursement paid to related organization(s) for expenses	1p		X		
q	Reimbursement paid by related organization(s) for expenses	1q	Х			
r	Other transfer of cash or property to related organization(s)	1r		X		
s	Other transfer of cash or property from related organization(s)	1s		X		
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.					

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)	56		

Schedule R (Form 990) 2016 EDUCATION

### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)       (i)       (j)       (	wnership

Schedule R (Form 990) 2016

AMERICAN	COUNCILS	FOR	INTERNATIONAL			
EDUCATION						

Schedule R (Form 990) 2016
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Part VII	Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

					er situentinyi	ng number	
Type or print	NEDICAN CONNET C HOD INTERNATIONAL			Employer identification number (EIN) or			
·	EDUCATION				52-1067256		
File by the due date for filing your return. See	Ate for Number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)			
instructions.	See						
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)				
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	-T (trust other than above) JOHN B • HENDER;	06	Form 8870			12	
• If this box ▶ [ 1 I re for ▶[	brganization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box $\blacktriangleright$ quest an automatic 6-month extension of time until the organization named above. The extension is for the calendar year or $\underline{X}$ tax year beginning $JUL$ 1, 2016 ne tax year entered in line 1 is for less than 12 months, c	Group Exe and atta MA organizatio , an	emption Number (GEN), I uch a list with the names and EINs o Y 15, 2018, to file on's return for: d ending JUN 30, 2017	f this is fo f all memb e the exem	r the whole g pers the exter npt organizat	nsion is for.	
	Change in accounting period						
	his application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			0	
	nonrefundable credits. See instructions.			3a	\$	0.	
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				\$	0	
		. Include any prior year overpayment allowed as a credit.				0.	
	ance due. Subtract line 3b from line 3a. Include your pa	,	, , ,			0	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 887	9-EO for payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	868 (Rev. 1-2017)	

58.1

OMB No. 1545-1709

Entor filor's identifying number