

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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		·99	Under section 501(c), 527, or 4947(a)(1) of the Internal Rev	enue Code (exc		2003 (Coen to Public			
			the Treasury ue Service  The organization may have to use a copy of this return to sati	•	a requirei	•			
;				2003, and ending					
i	Всь		Please C Name of organization	Loco, und chain		yer identification number			
1.6		licable:	USE IRS COTINGET FOR THITEDNIATIONAL FRIEN	TTON		15349			
끅	┑	dress ch	Number and street (or B.O. hours and allowed to street address	) Room/		none number			
₩.	-	me chan	type. 326 COUTH FOO EXCT	' suite	-	355-3630			
\(\frac{1}{2}\)	┥	ial retur	Specific Character state of a second 200 at		<u> </u>	. जिल्ली के			
	덞	al returr	Instruc-		$\Box$				
	┥	ended r	0. Carllan F04/a)/0) owner-last are and 4047/a)/4) no new and	LI 8 L ava = st		ner (specify) >			
ATU	<b></b>	ebsite:	charitable trusts must attach a completed Schedule A	H(a) is this a g	roup return	e to section 527 organizations.  for affiliates? . Yes X No			
			tion type (check only one) ► X 501(c)(3 )  (Insert no.) 4947(a)(1) Or 527	⊣ : :		<del></del>			
ינט	_		ere Inf the organization's gross receipts are normally not more than	(If "No," a		See instructions.)			
$\underline{\circ}$	\$25	5,000.	The organization need not file a return with the IRS; but if the organization	H(d) Is this a s	eparate ret	urn filed by an by a group ruling? Yes X No			
	rec	eived	a Form 990 Package in the mail, it should file a return without financial data.			Number ▶			
_					<del></del>	rganization is <b>not</b> required to			
1	_ Gro	oss rec	peipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 583, 441	1	_	rm 990, 990-EZ, or 990-PF).			
Ę	Par		Revenue, Expenses, and Changes In Net Assets or Fund I	Balances (See	nstruction	ons.)			
F		1	Contributions, gifts, grants, and similar amounts received:	<u>`</u>		<del></del>			
		а	Direct public support						
		b	Indirect public support						
		C	Government contributions (grants)						
		d							
		2	Program service revenue including government fees and contracts (from Part \	. 2	579,598				
		3	Membership dues and assessments						
		4	Interest on savings and temporary cash investments	. 4	3,843				
		5	Dividends and interest from securities STA	<u> 5</u>	<u>-</u>				
		6a	Gross rents	ECEIVE	כו				
		b	Less: rental expenses						
		С	Net rental income or (loss) (subtract line 6b from line 6a)	FR XX COLL	. 6c				
	R E V	7	Other investment income (describe ▶		) 7				
	Ā	8a	Gross amount from sales of assets other (A) Securities	る。現ではほどの	н	<del></del>			
	E N		than inventory 8a	GOBEN					
	υ E	Ь	Less: cost or other basis & sales expenses 8b						
	-	С	Gain or (loss) (attach schedule) 8c		_]				
		ď	Net gain or (loss) (combine line 8c, columns (A) and (B))		. 8d				
		9	Special events and activities (attach schedule). If any amount is from gaming,	check here ▶		<del></del>			
		a	Gross revenue (not including \$ of	_					
			contributions reported on line 1a)		_]				
		b	Less: direct expenses other than fundraising expenses		_]				
^-		С	Net income or (loss) from special events (subtract line 9b from line 9a)		. 9c				
Ti		10a	Gross sales of inventory, less returns and allowances						
THE LOCAL		b	Less: cost of goods sold		_]				
7		С	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10	b from line 10a).	. 10c				
5		11	Other revenue (from Part VII, line 103)		. 11				
氢力	<b>`</b>	12	Table revenue (add lines ad 0.0.4 E.Co. 7.0d Co. 40c. and 44)		12	583,441			
	Ê	13	Program services (from line 44, column (B))  Management and general (from line 44, column (C))	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\	13	141,394			
ŢŢ	EXPERS	14		CEIVED	,14	465			
<b>→</b>	E	15	Fundraising (from line 44, column (D))		. V15				
₹	Š	16	Payments to affiliates (attach schedule)	B . 1.7. 2011 .	. <b>Ģ6</b>				

MAR 0 3 2011 ASSET'S 20 Other changes in net assets or fund balances (attach explanation)..... 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20).....

For Paperwork Reduction Act Notice, see the separate Instructions.

699,047 Form 990 (2003)

141,859

441,582

257,465

FEB 1.7 2011

**V17** 

<del>-</del>18

<u>19</u>

20

21

17

18

19

Excess or (deficit) for the year (subtract line 17 from line 12) . . . . .

Net assets or fund balances at beginning of year (from line 73, column (A

Total expenses (add lines 16 and 44, column (A)).....

Part II Statement of **Functional Expenses** 

COUNCIL FOR INTERNATIONAL 23-7215349

Page 2

It of all Expenses All organizations must complete column (A). Columns (B). (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See instructions)

Don	ot include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	E	(A) Total	(B) Program	(C) Management	(D) Fundraising
22	Grants and allocations (attach schedule)		Ì			
	(cash \$ noncash \$)	22				
23	Specific assistance to individuals (attach schedule)	23			]	
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25				
26	Other salanes and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28		· · · · · · · · · · · · · · · · · · ·		
29	Payroll taxes					
30	Professional fundraising fees	30				
31	Accounting fees	31	465		465	
32	Legal fees	32		<u></u>		
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				<u></u>
38	Printing and publications	38		<del></del>		
39	Travel	39				
40	Conferences, conventions, and meetings	40		<u> </u>		
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize) a PROGRAM SERV	43a	141,394	141,394		
ı	)	43b				
(	>	43c				
(	<u></u>	43d				
(	<u> </u>	43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D),					
	carry these totals to lines 13-15	44	141,859	141,394	465	0
	t Costs. Check ▶ ☐ if you are following SOP 98-2.					□., 🖼.,
	any joint costs from a combined educational campaign a	ına tur	•			
	es," enter (I) aggregate amount of these joint costs \$				rogram services \$	141,394
_	he amount allocated to Management and general \$  Till Statement of Program Service Acco	malic			ed to Fundraising \$	
			Millents (See ms)	ruciions )		Program Service
Wha مالک	t is the organization's primary exempt purpose? ▶ rganizations must describe their exempt purpose achieve	ements	s in a clear and conc	ise manner. State th	e number of clients	Expenses (Required
serv	ed, publications issued, etc. Discuss achievements that a	are not	measurable. (Sectio	n 501(c)(3) and (4)	organizations and	for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but
	(a)(1) nonexempt charitable trusts must also enter the a DRGANIZE ITINERARIES & LECTU				DPOFFESO	optional for others.)
-	ADVERTISE & PUBLISH PROMOTIO					
	COORDINATE TRAVEL ARRANGEMEN					•
	FOR UNDERGRADUATE STUDENTS		irants and allocations		AT EXPENS	141,394
b	OK UNDERGRADUATE STUDENTS	(0	iranis and allocations	э ф		141,334
٥.						
-	<del></del>					
-			irants and allocations			
۲.	<del></del>		inanis and allocations	- φ		
٠.						
-			<del></del>			
-		(6	tranta and allocations		<del>-</del>	
			irants and allocations	э ф	)	<del></del>
<b>a</b> .						
-						
-	<del></del>		irants and allocations			
۵.	Other program services (attach schedule)		irants and allocations	<del> </del>		<del></del>
	Total of Program Services (attach schedule)  Total of Program Service Expenses (should equal line	<u> </u>				141,394
_ •	LAMI AL LIABIMIL ACIAICE TYPELISES (SHORIN ECINSI IIIIE	. <del></del> . U	Juliu (D), Flograms	JULYIUGS)	<u></u>	

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Part IV Balance Sheets (See Specific Instructions.)

No		here required, attached schedules and amounts volumn should be for end-of-year amounts only.	within the	description	(A) Beginning of year		(B) End of year
	45	Cash non-interest-bearing			17,680	45	8,777
	46	Savings and temporary cash investments			234,234	46	633,680
		cavings and ionipolary cash in obtaining the	.,,,,,,,,				
	47a	Accounts receivable	47a	51,039			
			47b			47c	51,039
		Less. allowarise for adaption accounts	1.5				32,000
	482	Pledges receivable	482	1			
		Less: allowance for doubtful accounts				48c	
	49	Grants receivable.				49	
	50	Receivables from officers, directors, trustees, and		<u>;</u>			
		(attach schedule)				50	
	51a	Other notes and loans receivable (attach				1	
A		schedule)	51a				
S	b	Less: allowance for doubtful accounts				51c	
E	52	Inventories for sale or use				52	<del></del>
T S	53	Prepaid expenses and deferred charges		<u> -</u>	<del></del>	53	<del></del>
3	54	Investments securities (attach schedule)			<del></del>	54	
		Investments land, buildings, and			·		<del></del>
			55a				
	b	Less: accumulated depreciation (attach					
			55b			55c	
	56	Investments other (attach schedule)				56	· · · · · · · · · · · · · · · · · · ·
	57a		57a		<del></del>		
		Less: accumulated depreciation (attach					
- {	58		57b	į		57c	
			#1	)	5,551	58	5,551
		255010 (4554) 155					
	59	Total assets (add lines 45 through 58) (must equ	ual line 74		257,465	59	_699,047
	60	Accounts payable and accrued expenses				60	
Ļ	61	Grants payable				61	
A	62	Deferred revenue				62	
В	63	Loans from officers, directors, trustees, and key e	employees	(attach			
- [		schedule)			<del>-</del>	63	
ī	64a	Tax-exempt bond liabilities (attach schedule)			<del>-</del>	64a	
T	E p	Mortgages and other notes payable (attach sche	dule)	<u> </u>	<del></del>	64b	
Ė	65	Other liabilities (describe		)		65	
S					_		-
	<u>66</u>	Total liabilities (add lines 60 through 65)			0	66	0
	Orga	nizations that follow SFAS 117, check here . I	► ∐ and o	complete lines 67			
	67	through 69 and lines 73 and 74.			257 465	67	COO 047
NF	67 60	Unrestricted		<del> -</del>	257,465	67	699,047
N F E U T N	68	Temporanly restricted		<b>-</b>	<del></del>	68 69	
Di	69	Permanently restricted				09	
ASR	Orga	nizations that do not follow SFAS 117, check he	ere	and complete			
SA	70	lines 70 through 74.				70	
A S B S A E L	70 71	Capital stock, trust principal, or current funds		<b>)</b> -		71	
SN	71 72	Paid-in or capital surplus, or land, building, and		F	- <u> </u>	72	
C	72 73	Retained earnings, endowment, accumulated inc		F		12	<del></del>
O E R S	73	Total net assets or fund balances (add lines 67	mrough (	os of lifles			
		70 through 72; column (A) must equal line 19; column (B) must	earral had	21)	257,465	73	699,047
	74	Total liabilities and net assets / fund balances			257,465	74	699,047
		Town maphines and her assem / junia palatices	Land III 65			_ • <del>- •</del>	<u> </u>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	evenue per Audited ts with Revenue per structions)	Part IV-B  Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
a Total revenue, gains, and other support	£ #	a Total expenses and losses per audited
per audited financial statements	► a N/A	financial statements
<b>b</b> Amounts included on line <b>a</b> but not on		<b>b</b> Amounts included on line a but not
line 12, Form 990:		on line 17, Form 990:
(1) Net unrealized gains		(1) Donated services
on investments \$		& use of facilities \$
(2) Donated services	_	(2) Pnor year adjust-
& use of facilities . \$		ments reported on
(3) Recoveries of prior	_	line 20, Form 990 \$
year grants \$		(3) Losses reported on
(4) Other (specify):	_	line 20, Form 990 \$
( ) can deposit, y		(4) Other (specify):
s		
Add amounts on lines (1) through (4)	<u> </u>	s
rica arioania on mos (1) moogii (4)	-	Add amounts on lines (1) through (4) b
C Line a minus line b	▶   c	C Line a minus line b
_		d Amounts included on line 17,
d Amounts included on line 12,		Form 990 but not on line a:
Form 990 but not on line a:		(1) Investment expenses
(1) Investment expenses		not included on
not included on		
line 6b, Form 990 \$	<b>-                                     </b>	1
(2) Other (specify):		(2) Other (specify):
		s
Add amounts on lines (1) and (2)	<u></u>	Add amounts on lines (1) and (2) b d
e Total revenue per line 12, Form 990		e Total expenses per line 17, Form 990
(line c plus line d)	▶ e 0	(line c plus line d)▶ e 0
		y Employees (List each one even if not compensated; see Specific
Instructions )	ors, rrustees, and re	y Employees (ast each one even minor semipered extent) are experient
(A) Name and address	(B) Title and average hour	
	per week devoted to positi	on not paid, enter -0) & deferred comp. and other allowances
RAY PHILLIPS	TRUSTEE	
701 11TH AVE SLC UT		
MICHAEL A WENDLER	TRUSTEE	
2087 PINNACLE SLC UT		
	·	
	<del>                                     </del>	
75 D.J. am. off deserted bester 1	w omplowed recours aggregation	te compensation of more than \$100,000 from your
		te compensation of more than \$100,000 from your 0,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
<u> </u>		0,000 was provided by the related organizations?   [X] Yes [X] No
If "Yes," attach schedule see Spec	ilic instructions.	

Form **990** (2003)

JVA

Pa	rt VI Other Information (See Specific Instructions.)		Yes	No					
76	Did the organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76		X					
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X					
	If "Yes," attach a conformed copy of the changes.								
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X					
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		X					
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X					
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			Ī					
	membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a		X					
Ь	<b>b</b> If "Yes," enter the name of the organization ▶								
	and check whether it is exempt or nonexempt.			Ī					
81a	Enter direct and indirect political expenditures. See line 81 instructions			ŧ					
Ь	Did the organization file Form 1120-POL for this year?	81b		X					
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at								
	substantially less than fair rental value?	82a		X					
b	If "Yes," you may indicate the value of these items here. Do not include this amount			ŧ					
	as revenue in Part I or as an expense in Part II. (See instructions in Part III.)			ŧ					
83a	Die die di Zaminatari de l'anna ma l'anna	83a							
	Did the digamentation comply with the another requirements to any 5 to 4 to 4 to 4 to 5 to 4 to 5 to 4 to 5 to 5	83b		X					
	big the organization contains contains about of give that were not test as a section of the contains and the contains and the contains a section of	84a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			ŧ.					
	ten doddonori i i i i i i i i i i i i i i i i i i	84b		X					
85	55 (6)(1); (5); 51 (5) 51 gainezation at 115 5 a	85a		X					
b	Bid the digametation make only in modes to by my skips.	85b		<u>X</u>					
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			ŧ					
	waiver for proxy tax owed for the prior year.			<b>‡</b>					
C	Dues, assessments, and similar amounts from members	. 3		Ī					
đ	Section 162(e) lobbying and political expenditures	: 3		•					
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			Ī					
Ţ	,	85g		X					
g	Book the organization close to pay the occupant	ooy		<u>~</u>					
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	85h		X					
06	, , , , , , , , , , , , , , , , , , , ,			<u> </u>					
86	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12	: 1		ŧ					
87	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders			•					
	Gross income from other sources. (Do not net amounts due or paid to other sources			I					
D	against amounts due or received from them.)			ŧ					
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		,	Ť					
00	partnership, or an entity disregarded as separate from the organization under Regulations sections								
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X					
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			-					
	section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			Ī					
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction								
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach								
	a statement explaining each transaction	89b		X					
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under								
	sections 4912, 4955, and 4958 ▶		N/A						
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A						
90a	List the states with which a copy of this return is filed ▶		N/A						
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)		N/A	<u>.</u>					
91	The books are in care of ► RAY PHILLIPS  Telephone no.► (801) 355-	363	0						
	Located at ► 326 SO 500 EAST ZIP+4►84102-4022			- <u>-</u> -					
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here			▶∟					
	and enter the amount of tax-exempt interest received or accrued during the tax year		N/A	L.					

COUNCIL FOR INTERNATIONAL 23-7215349

Page 5

JVA

Part VI			<del></del>	<del></del>		T
otherwise	nter gross amounts unless e indicated.	(A) Business	(B)	(C)	(D)	(E) Related or exempt function income
93 Prog aFE	gram service revenue:	code	Amount	Exclusion code	Amount	579,598
a <u>re</u> b	<u>E5</u>					3/9,398
С		<del></del>		<del> </del>		<del> </del>
d				<del> </del>		<del> </del>
e	<del></del>	<del></del>		<del> </del>		<del> </del>
· · ·	dicare/Medicaid payments	<del></del>			<u>-</u> -	<del></del>
	s & contracts from govt. agencies			ļ		
94 Men 95 Intere	mbership dues & assessments est on savings and temporary cash					3,843
96 Divid	dends & interest from securities					
97 Net re	ental income or (loss) from real estate.					
<b>a</b> debt	t-financed property					
<b>98</b> Netro	debt-financed property ental income or (loss) from personal erty					
100 Gain	or (loss) from sales of assets other					
101 Net in	ncome or (loss) from special events					
102 Gross	s profit/(loss) from sales of inventory .					
<b>103</b> Othe	er revenue: a					
b						
c						
d				ļ	· · · · · · · · · · · · · · · · · · ·	<u> </u>
e				ļ		502 441
	total (add columns (B), (D), and (E))		0		0	583,441
	al (add line 104, columns (B), (D), and e 105 plus line 1d, Part I, should equa			• • • • • • • • • • • • • • • • • • • •	······ <u> </u>	583,441
Part VII				f Evernt Du	FDOCOC (See Specific	Instructions \
Line No.	<del></del>					
▼	organization's exempt purposes (c				died importantly to the a	accomplishment of the
$\overline{N/A}$	N/A			_ <del>::_</del>		
	<del></del>				<del></del>	
				-	<del></del>	
Part IX	Information Regarding Ta	xable Subs	idiaries and Dis	regarded En	tities (See Specific Ins	structions.)
Name,	(A), , address, and EIN of corporation, rtnership, or disregarded entity	(B) Percentage of ownership in	of Nature of	3)	(D) Total income	(E) End-of-year assets
	<del></del>	<del> </del>	%			
	<del></del>	<del> </del>	%		_ <del></del> _	
	<u> </u>		%		<del></del>	
Part X	Information Regarding Tra	anofore Acc	<del></del>	reonal Bono	fit Contracts (Con S	Pageta lasta estada V
	organization, during the year, receive					
(b) Did t	the organization, during the year, pay "Yes" to <b>(b),</b> file Form 8870 <b>and</b> Form	premiums, dire	ectly or indirectly, on ructions).	a personal bene	fit contract?	Yes X No
	Under penalties of perjury, I declare that belief, it is true, correct, and complete D	I have examined the	his return, including acco	mpanying schedule	s and statements, and to the	best of my knowledge and
<b>Please</b>	Nan The	lys			tel	=75,71
Sign	Signature of officer			<del></del> -	Date	<del></del>
Here	RAY PHILLIPS			TRUSTE	E	
	Type or print name and title.					
	Preparer's	0.1	Date			N or PTIN (See Gen. Inst. W)
Pald	signature	ishol	<u> </u>	/5-// self	_   `^	2456 24
Preparer's		TRAP ROL		HLER	<del></del>	5027/2
Use Only	if self-employed), address, and ZIP + 4	S 2300	E SUITE 20		Phone no ▶	
	SALT	LOKE Ci	ry Ut.	84117	( 801-3	308.0170
JVA 3	99056 TWF 6648 Copyright Fo	orms (Software On	ly) - 2003 TWNL			Form <b>990</b> (2003

## SCHEDULE A (Form 990 or 990-EZ)

## Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

OMB No. 1545-0047

Supplementary Information — (See separate instructions.)

Department of the Treasury ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Internal Revenue Service **Employer Identification number** Name of the organization 23-7215349 COUNCIL FOR INTERNATIONAL EDUCATION Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation empl benefit plans & account and than \$50,000 per week devoted to position deferred compensation other allowances NONE Total number of other employees paid over \$50,000 . . . . . . . . Compensation of the Five Highest Paid Independent Contractors for Professional Services (See the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE

Total number of others receiving over \$50,000 for

0

- 1	Statements About Activities (See the instructions.)		Yes	N
	Dunng the year, has the organization attempted to influence national, state, or local legislation, including any		_	Г
	attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
	or incurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,		ł	L
	Part VI-A, or line I of Part VI-B.)	1_		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			Ī
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any			ļ
	taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal			Ī
	beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property?	2a	:	X
	Lending of money or other extension of credit?	2b		X
C	Furnishing of goods, services, or facilities?	2c		X
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
9	Transfer of any part of its income or assets?	2e		X
	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	you determine that recipients qualify to receive payments.)	3a	_	X
	Do you have a section 403(b) annuity plan for your employees?	3b		X
	Did you maintain any separate account for participating donors where donors have the right to provide advice	_		L
	on the use or distribution of funds?	4		X
1	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's nand state ▶  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17 (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general publication 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and greceipts from activities related to its charitable, etc., functions subject to certain exceptions, and (2) no more than 33	0(b)(1) Ic. ross	(A)(iv)	١.
ĺ	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses ac organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization.	quired ations	by the	•
	described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (5 section 509(a)(3).)	see		
	Provide the following information about the supported organizations. (See the instructions.)			
	(a) Name(s) of supported organization(s)  (b) Line number of from about			
	from abo	ove	_	

Part IV—A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calen	dar year (or fiscal year beginning in)	(a) 2002	<b>(b)</b> 2001	(c) 2000	(d) 1999	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16	Membership fees received		41,149	34,085	29,547	104,781
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	4,055	6,092	6,635	7,176	23,958
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a\xi\5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. On not include the value of services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule.  Do not include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	4,055	47,241	40,720	36,723	128,739
24	Line 23 minus line 17		41,149	34,085	29,547	104,781
<del></del> 25	Enter 1% of line 23	41	472	407	367	<u> </u>
<del></del> 26	Organizations described on I	ines 10 or 11: a	Enter 2% of amount	ın column (e), line 24	▶ 26a	2,096
	Prepare a list for your records				······	
_	governmental unit or publicly s					
	amount shown in line 26a. Do					
~	Total support for section 509(a					104,781
	Add: Amounts from column (e)				·	
u	Add: Amounts from column (e)	) IOT III les 10		19	▶ 26d	1
_	Public support (line 26c minus	line 26d total)		200	▶ 26e	104,781
ŧ	Public support percentage (I					100.00 %
27	Organizations described on I person," prepare a list for your Do not file this list with your	ine 12: a For records to show the n	amounts included in lii ame of, and total amo	nes 15, 16, and 17 that unts received in each	t were received from a	"disqualified
	(2002)	(2001)	(200		(1999)	
b	For any amount included in lin show the name of, and amour (Include in the list organization computing the difference betweexcess amounts) for each year	at received for each years seen the amount receiver:	ar, that was more than through 11, as well as	the larger of (1) the a individuals.) Do not fil unt described in (1) or	mount on line 25 for the le this list with your refer (2), enter the sum of t	e year or (2) \$5,000 eturn. After
	(2002)	(2001)	(200	00)	(1999)	
c	Add: Amounts from column (e	) for lines: 15 _		16	►  27c	l
	17	20 _	d l 07h Asaal	21	> 27c	
	Add: Line 27a total		nd line 27b total			
e	Public support (line 27c total n				▶  27e	
T	Total support for section 509(a					<u></u>
	Public support percentage (I					<u>%</u>
<u>h</u>	investment income percenta				nator)) > 27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

COUNCIL FOR INTERNATIONAL Page 4 Schedule A (Form 990 or 990-EZ) 2003 Private School Questionnaire (See the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) PAGE N/A Yes No 29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?..... 29 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and 30 scholarships?.... 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes 31 If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement) 32 Does the organization maintain the following: 32a a Records indicating the racial composition of the student body, faculty, and administrative staff?..... **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b C Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with 32c student admissions, programs, and scholarships?..... 32d d Copies of all material used by the organization or on its behalf to solicit contributions?..... If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: 33a 33c 33d d Scholarships or other financial assistance? ..... 33e e Educational policies?..... f Use of facilities?.... 33f |33g Q Athletic programs?.... 33h h Other extracurncular activities?..... If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) 34a 34a Does the organization receive any financial aid or assistance from a governmental agency?..... 34b b Has the organization's right to such aid ever been revoked or suspended?..... If you answered "Yes" to either 34a or b, please explain using an attached statement.

JVA

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of

	<b>/ing Expenditures</b> I completed <b>ONLY</b> by an				e instruc	tions.)		N/A
Check ▶ a   if the org	ganization belongs to an	affiliated group. Che	ck ▶ b	If you	checke	d "a" and "lii	nited c	ontrol" provisions apply
(The t	Limits on Lobbyir	•	red.)			(a) Affiliated grou totals	ıp	(b) To be completed for ALL electing organizations
	<del></del>	<del></del>		13	6	<del></del>	-	0.942207.0
<ul><li>36 Total lobbying expend</li><li>37 Total lobbying expend</li></ul>		· · · · · · · · · · · · · · · · · · ·	-	<del>-</del> -	7			· <del> · · · · · · · · · · · · · · · · · </del>
38 Total lobbying expend	•				8	<del></del>		
39 Other exempt purpose	•	•		<u> </u>	9			
40 Total exempt purpose	•			<u> </u>	0	· <del>-</del>		
41 Lobbying nontaxable	•			∵  -	<u> </u>			<del></del>
if the amount on line		ne lobbying nontaxable						
				7 [			1	
	t over \$1,000,000 \$1							
• •	not over \$1,500,000 . \$1			<b> </b> 4	1		ı	
	not over \$17,000,000 \$2	•			-	<del></del>		······································
		•						
42 Grassroots nontaxable				- 1	2		1	
43 Subtract line 42 from I	·			_	3			
44 Subtract line 41 from I	ine 38. Enter -0- if line 4	1 is more than line 38		4	4			
								<del></del>
Caution: If there is an	amount on either line 43	or line 44, you must file	Form 4720.					
	4-Yea	r Averaging Period	I Under Se	ction	501(h	)		
(Some o	organizations that made a				•	•	ımns b	elow.
<b>\</b>		See the instructions for						
		Lobbying Expend	litures During	j 4-Ye	ır Avera	aging Period		
Calendar year (or fiscal year beginning in) ▶	(a) (b) (c) 2003 2002 2001			<b>(d)</b> 2000		(e) Total		
45 Lobbying								
nontaxable amount								
46 Lobbying ceiling amount (150% of line 45(e))								
47 Total lobbying	1							
expenditures								
48 Grassroots							1	
nontaxable amount			····					
49 Grassroots ceiling amount (150% of line 48(e))								
50 Grassroots lobbying	ĺ						- 1	
expenditures					_			
	ring Activity by Nor							
(For rep	orting only by organization	ons that did not complete	Part VI~A) (S	ee the	Instructi	ons.)		
During the year, did the or					ting any	Yes	No	Amount
attempt to influence public	opinion on a legislative i	matter or referendum, the	rough the use	of:				
-								
-	ement (Include compensa	•						
	its					<del></del>	$\vdash \dashv$	
	s, legislators, or the public							
•	lished or broadcast state						<b></b>	<del></del>
	inizations for lobbying pu							
	egislators, their staffs, gov		-				$\vdash$	
	ons, seminars, convention	•	-			<del></del>		
	nditures (Add lines c thro						1	
If "Yes" to any of the	e above, also attach a sta	tement giving a detailed	description of	the lo	bying a	ctivities.		

Par	t VI	Information Re Exempt Organi			ons and Relationships With Non	charita	ble	
51	Did 1	the reporting organization	directly or indi	rectly engage in any of the follows	ng with any other organization described in	section !	501(c	) of
			-	izations) or in section 527, relating			•	•
		•		nonchantable exempt organizati			Yes	No
		, -	-	· ·		51a(i)		X
						a(ii)	-	$\overline{\mathbf{x}}$
h		er transactions:						_
			ooto with a noi	noboritoble evernt erganization		b(i)		x
	(l)			· -				X
	(II)			· =		b(ii)		
	(111)	• •				b(iii)		X
	(IV)	•				b(iv)		X
	(v)	<del>-</del>				b(v)		X
						b(vi)	_	X
			-	•			<u></u>	X
d	If the	e answer to any of the abo	ve is "Yes," co	mplete the following schedule. Co	olumn (b) should always show the fair mark	et value	of the	
	good	ds, other assets, or service	s given by the	reporting organization. If the orga	anization received less than fair market value	e in any 1	ransa	ction
	or st	naring arrangement, show	in column (d) t	the value of the goods, other asse	ets, or services received:		_	
(a	)	(b)		(c)	(d)	_		
Line	-	Amount involved	Name of non	charitable exempt organization	Description of transfers, transactions, & sh	nanng an	ange	ments
		S	ECTION :	N/A				
			<del></del>		<del>                                     </del>		_	
			·				-	
					<del></del>			
					<del>                                     </del>			
				<del></del>				
		<del></del>						
	sect	-	ner than section		e tax-exempt organizations described in	Yes	X	] No
		(a) Name of organization		<b>(b)</b> Type of organization	(c) Description of relationsh	un.		
<u> </u>	тΤ	ON N/A		Type of organization	Description of relationship	<u>P</u>		
2110		ON N/A						
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## **Schedule of Other Assets**

Attachment 1: page 1 - 990 Page 3, Part IV, line 58 Open to Public 03-31-2004. For calendar year 2003 or tax period beginning 04 - 01 - 2003, and ending Inspection Employer Identification Number Name of Organization 23-7215349 COUNCIL FOR INTERNATIONAL EDUCATION End of Year End of Year FMV Description Book Value (Form 990-PF Only) 5,551 FURN & EQUIP 5,551 Page Totals 5,551

Totals