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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

			the freasury Le Service The organization may have to use a copy of this return to satisfy			
ഗ്	A F	or the			ng MARCH	
S	B Ch	eck if plicable	Please C Name of organization		D Employe	r Identification number
		dress cl	Luse IRS GOIDIGIT TOOD TAMBED NAME ON A CEDITOR OF	ION	23-7215	5349
П	∏ _{Na}	me char	ge print or Number and street (or P.O. box if mail is not delivered to street address)	Room/ suite	E Telephon	e number
$\overline{\mathbf{D}}$	Init	al retur	type. 326 SOUTH 500 EAST		(801)35	55-3630
_	Fın	al returs	Specific City or town, state or country, and ZIP + 4	•	F Acctg. me	ethod: X Cash Accrual
<u> </u>	X A	ended r	Instructions. Salt Lake City UT 84102		Other	(specify) ▶
n		plication	pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt	H & I are no	ot applicable to	o section 527 organizations.
っ ˈ			charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Isthisa	group return for	affiliates? Yes X No
Ź,	G W	ebsite	(Form 950 of 950-E2).	H(b) If "Yes,"	enter number of	affiliates •
			tion type (check only one) ► X 501(c)(3) (insert no.) 4947(a)(1) or 527	H(c) Arealla	ffiliates included attach a list. See	Yes No
	K Ch	eck he	ere In the organization's gross receipts are normally not more than			
	\$2	5,000.	The organization need not file a return with the IRS; but if the organization	H(d) isthisa organiza	separate return tation covered by	filed by an a group ruling? Yes X No
			to file a return, be sure to file a complete return. Some states require a		Exemption No	
				M Check	▶ X if orga	nization is not required to
	L Gr	oss red	ceipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 16, 665			990, 990-EZ, or 990-PF)
	Pa		Revenue, Expenses, and Changes in Net Assets or Fund Ba		e the instruction	ons)
		1	Contributions, gifts, grants, and similar amounts received.	· · · · · · · · · · · · · · · · · · ·		
		a	Direct public support			
		ь	Indirect public support		_	
		c	Government contributions (grants)		\neg	
		d	Total (add lines 1a through 1c) (cash \$ 0 noncash STAT	UTE UN)) 1d	0
		2	Program service revenue including government fees and contracts (from Party)	Dine 93/E		10,876
		3	Membership dues and assessments		. 3	· · · · · · · · · · · · · · · · · · ·
		4	Interest on savings and temporary cash investments	2 2 2011	4	
		5	Dividends and interest from securities		. 5	5,789
		6a	ı		· · · · · · · · · · · · · · · · · · ·	
		ь	18 18 18 18 18 18 18 18 18 18 18 18 18 18 1	BRANC		
		C	Net rental income or (loss) (subtract line 6b from line 6a)	7 5 2 1	6c	
	R	7	Other investment income (describe ▶) 7	
	7	8a	Gross amount from sales of assets other (A) Securities	(B) Other		
	ポモンモアリモ		than inventory 8a	````		
	ũ	ь	Less: cost or other basis & sales expenses 8b			
	E	c	Gain or (loss) (attach schedule)		$\neg \mid \cdot \mid$	
		d	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, or			
		a	Gross revenue (not including \$ of		"	
]	contributions reported on line 1a)			
		ь	Less direct expenses other than fundraising expenses 9b		\neg	
		С	Net income or (loss) from special events (subtract line 9b from line 9a)		. 9c	
		10a	Gross sales of inventory, less returns and allowances			
		ь		CEIVF		
7	\	С	Gross profit or (loss) from sales of inventory (attach schedule) (subtjact line 10b			
7	ટ	11	lml	•	(
7,0	>	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	3 1 7 2011	, 112	16,665
3 1	ŞΕ	13	Program services (from line 44, column (B))	deletete	Υ̃13	15,954
7	ŞΧ	14	Management and general (from line 44, column (C))			585
2 5, 7	Ę.	15	Fundraising (from line 44, column (D))			
	S	16	Payments to affiliates (attach schedule)		·	
	XPEXSES	17	Total expenses (add lines 16 and 44, column (A))			16,539
- -		18	Excess or (deficit) for the year (subtract line 17 from line 12)			126
7	NS	19	Net assets or fund balances at beginning of year (from line 73, column (A))			729,276
>	ASSET ET	20	Other changes in net assets or fund balances (attach explanation)			
9	'T	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			729,402
3	For F		Act and Paperwork Reduction Act Notice, see the separate instructions.	<u></u>		Form 990 (2005)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. 05 99012 TWF 14485 Copyright Forms (Software Only) - 2005 TW

Earm	000	(2005)
FUILL	330	(2003)

	n 990 (2005) COUNCIL FOR INTER			-7215 <u>349</u>		Page 2
Pa	Statement of All organizations and (4) organizations.) Functional Expenses	must c	complete column (A). nd section 4947(a)(1)	Columns (B), (C), a nonexempt charita	and (D) are required ble trusts but optiona	for section 501(c)(3) al for others. (See
	Do not include amounts reported on line			(B) Program	(C) Management	l
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$ noncash \$)					
	If this amount includes foreign grants, ck. here ▶	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 salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31	585		585	
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38		· · · · · · · · · · · · · · · · · · ·		
39	Travel	39		,		
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (rtemize):					
	See attachment #1	43a	15,954	15,954		
	.	43b				
(43c	" '			
	d	43d				
	9	43e				
		43f	-			
9	g	43g				
44	Total functional expenses. Add lines 22			-		
	through 43. (Organizations completing					
	columns (B)-(D), carry these totals to lines				ļ	
	13-15)	44	16,539	15,954	585	0
Join	t Costs. Check ▶ If you are following SOP 98-2.		·		·····	
	any joint costs from a combined educational campaign a	ınd fun	draising solicitation re	eported in (B) Prog	ram services? . ▶	Yes 🗓 No

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.		_
Are any joint costs from a combined educational campaign and fundraising	solicitation reported in (B) Program services? . ▶ Yes	X No
If "Yes," enter (i) aggregate amount of these joint costs \$	_; (ii) amount allocated to Program services \$,
(III) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$	

Part III Statement of Program Service Accomplishments (See the instructions.)

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

٧h	nat is the organization's primary exempt purpose? SEE ATTACHMENT	P	rogram Expe		_		
AII A	Il organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients						
	ved, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 47(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	4	lequired fo and (4) or 947(a)(1) to optional fo	gs., and rusts, but			
a	See attachment #2	丁			-		
		٠					
		·					
		٠					
		٠					
		٠					
	(Grants and allocations \$) If this amount includes foreign grants, check here	1	1!	5,954	Į		
b	7			,	-		
_		٠					
		•					
		•					
		-					
		-					
	(Grants and allocations \$) If this amount includes foreign grants, check here▶	ı İ					
_	(Grants and anocations \$) In this amount includes lotely grants, check here	Н-			-		
С		-					
		-					
		-					
		-					
		-					
		, l					
_	(Grants and allocations \$) If this amount includes foreign grants, check here▶	4			_		
d		-					
		-					
		-					
		-					
		.					
		,					
	(Grants and allocations \$) If this amount includes foreign grants, check here, ▶	Щ			_		
е	Other program services (attach schedule)	,					
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶				_		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶			5,954	_		
	05 00004	r	00	A (000E			

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TWF 14487

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Form **990** (2005)

Form :			7215349		Page 4
Part	IA	Balance Sheets (See the instructions.)			
No		here required, attached schedules and amounts within the description olumn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash non-interest-bearing	. 4,411	45	7,748
	46	Savings and temporary cash investments		46	716,103
	47a	Accounts receivable			
	b	Less: allowance for doubtful accounts 47b		47c	
	48a	Pledges receivable			
	ь	Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			· · · · · · · · · · · · · · · · · · ·
		(attach schedule)		50	
	51a				
A S		schedule)			
S	b	Less: allowance for doubtful accounts 51b		51c	
Ε	52	Inventories for sale or use		52	
T S	53	Prepaid expenses and deferred charges		53	
_	54	Investments securities (attach schedule) ▶ ☐ Cost ☐ FM\	/	54	
	55a	Investments land, buildings, and			
		equipment: basis			
	b	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments other (attach schedule)		56	
	57a	Land, buildings, and equipment. basis 57a			
	b	Less: accumulated depreciation (attach			
		schedule)		57c	
	58	044	5,551	58	5,551
					·
	59	Total assets (must equal line 74). Add lines 45 through 58	. 729,276	59	729,402
	60	Accounts payable and accrued expenses		60	
Ļ	61	Grants payable		61	
	62	Deferred revenue		62	
B	63	Loans from officers, directors, trustees, and key employees (attach			
_!		schedule)	.	63	
- i	64a	Tax-exempt bond liabilities (attach schedule)		64a	
Ţ	b	Mortgages and other notes payable (attach schedule)		64b	
E	65	Other liabilities (describe ▶)	65	
Š		.			
	66	Total llabilities. Add lines 60 through 65	. 0	66	0
	Orga	inizations that follow SFAS 117, check here and complete lines 67			
		through 69 and lines 73 and 74.			
NF	67	Unrestricted	. 729,276	67	729,402
Eυ	68	Temporarily restricted		68	
TND	69	Permanently restricted		69	
Α	Orga	anizations that do not follow SFAS 117, check here ▶ ☐ and complete			
S B S A E L		lines 70 through 74.			
E L	70	Capital stock, trust principal, or current funds		70	
T A	71	Paid-ın or capital surplus, or land, building, and equipment fund		71	
C	72	Retained earnings, endowment, accumulated income, or other funds		72	
OE	73	Total net assets or fund balances (add lines 67 through 69 or lines			
RS		70 through 72,			
		column (A) must equal line 19; column (B) must equal line 21)			729,402
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	. 729,276	74	729,402
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	Instructions.)	and her guided for and statement	nto	· · · · · · · · · · · · · · · · · · ·	T _	N/A
a	Total revenue, gains, and other sup	•	กเร		a	N/A
b	Amounts included on line a but no		Б1			
1 2	Net unrealized gains on investment Donated services and use of facilities		· · · · · · · · · · · · · · · · · · ·		-	
3	Recoveries of prior year grants				-	
4			· · · · · · · · · · · · · · · · · · ·	· 	1	
•	Other (specify):		_{b4}			
	Add lines b1 through b4				† ь	
С	Subtract line b from line a				c	
d	Amounts included on Part I, line 12					
1	Investment expenses not included	on Part I, line 6b	d1			
2	Other (specify):				1	
			42			
	Add lines d1 and d2				ď	
е	Total revenue (Part I, line 12). Add	lines c and d	<u> </u>	.	е	
Par	t IV-B Reconciliation of E				es pe	r Return
а	Total expenses and losses per aud	ited financial statements			a	
b	Amounts included on line a but no	•				
1	Donated services and use of facilities	es			_	
2	Prior year adjustments reported on				_	
3	Losses reported on Part I, line 20				_[
4	Other (specify):					
					┨.	
_	Add lines b1 through b4				<u>b</u>	
C	Subtract line b from line a		• • • • • • • • • • • • • • • • • • • •		С	
d 1	Amounts included on Part I, line 17 Investment expenses not included	•	امدا			
•	•		————		-	
_	Other (specify):		1 42			
	Add lines d1 and d2				d	
e	Total expenses (Part I, line 17). Ac				e	0
Pai	t V-A Current Officers, D				was a	n officer, director,
t	***************************************	at any time during the year even i				
	(4) Name and address	(B)	(C) Compensation			(E) Expense account
	(A) Name and address	Title and average hours per	(If not pald, enter	employee benefit & deferred		and other allowances
		week devoted to position	-0)	compensation		
Sec	e attachment #4					
						i e

Pa	nt VI Other Information (See the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of			
	each activity	76		X
77	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		Х
ь	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			Ĭ'''
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶			1
	and check whether it is exempt or nonexempt			-
81a	Enter direct and indirect political expenditures. (See line 81 instructions)			1
b	Did the organization file Form 1120-POL for this year?	81b		l X

	990 (2005) COUNCIL FOR INTERNATIONAL 23-7215349		<u> </u>	age /	
Pa	rt Vi Other Information (continued)	_	Yes	No	
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at		Ì		
	substantially less than fair rental value?	82a	ļ	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an			İ	
	expense in Part II			ŧ	
	(See instructions in Part III)				
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	ļ <u>.</u>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	ļ	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were				
	not tax deductible?	84b		X	
B5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		X	
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		X	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received				
	a waiver for proxy tax owed for the prior year.				
С	Dues, assessments, and similar amounts from members				
d	Section 162(e) lobbying and political expenditures			1	
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			l	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)			ĺ	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		X	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its			i	
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		<u>X</u>	
B6	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12 86a N/A				
b	Gross receipts, included on line 12, for public use of club facilities				
B7	501(c)(12) orgs Enter. a Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or 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 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A			ŀ	
þ	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		<u> X</u>	
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		/-		
	sections 4912, 4955, and 4958		N/A		
đ	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, 2005 (See instructions.)		N/A		
91a	The books are in care of ▶ See attachment #5 Telephone no. ▶				
	Located at ▶ ZIP + 4 ▶			r 	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X	<u> </u>	
If "Yes," enter the name of the foreign country ▶ FR SZ					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			[
	Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the United States?		1		
С	91c		<u> </u>		
	If "Yes," enter the name of the foreign country			<u></u>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here			▶	

	Analysis of Income-Production gross amounts unless		ited business income		by section 512, 513, or 514	(5)
otherwise i	•	(A)	(B)	(C)	(D)	(E) Related or exempt
	am service revenue:	Business code	Amount	Excl.	Amount	function income
_	anservice revenue. attachment #6	COGG	, and and	code	ranoant	10,876
. ——	accacimient #0					10,070
b		-		++		
°.—–		-		 -		
d		_				
е			_	 -		
	care/Medicaid payments			1 1		
g Fees a	& contracts from government agence	es		 		
94 Memb	pership dues and assessments					
95 Interes	t on savings and temporary cash investment	s				
96 Divide	ends and interest from securities					5,789
97 Net re	ental income or (loss) from real estate	:				
a debt-	financed property			T		
	ebt-financed property					
	ital income or (loss) from personal property			1		
	investment income	 - · - · - · - · - · - · - · - · - · - 		1 1		
	(loss) from sales of assets other than inven	<u> </u>		1		
	come or (loss) from special events			 		
	profit or (loss) from sales of inventor			+ +		
	, ,	, ———	 	++		
	revenue: a	_	-	+		
b		-		- -		
		_				
		_		+		
e	A-1 (-dd (D) (D) and (E)	}		1 1	0	16 665
	tal (add columns (B), (D), and (E))	(F)	!	<u> </u>		16,665 16,665
	(add line 104, columns (B), (D), and			• • • • • • • •	····	16,665
	105 plus line 1d, Part I, should equal		· · · · · · · · · · · · · · · · · · ·	nad Divi		
	Relationship of Activities		· •			
Line No.	Explain how each activity for which				ted importantly to the a	accomplishment of the
V	organization's exempt purposes (ot	ner than by prov	iding tunds for such purp	oses).	<u> </u>	
	See attachment #7					
		. ,				
D-4 1V	Information Departing Tays	abla Cubaidi	arias and Discourse	4aal Ca44	ilaa (0 - 45	
Pari IA	Information Regarding Taxa (A)	(B)		Jea Entit		ons.) (E)
Name, a	address, and EIN of corporation.	Percentage of	(C) Nature of activitie	.	(D) Total income	End-of-year
	nership, or disregarded entity	ownership int.	IVALUIE OF ACTIVITIE	•	Total Income	assets
See at	tachment #8	%				
		%				
		%				
		%				
Part X	Information Regarding Tran	isfers Assoc	iated with Persona	I Benefit	Contracts (See the	
(a) Did or	rganization, during the year, receive a	any funds, directi	ly or indirectly, to pay pre	miums on a	a personal benefit conti	
	e organization, during the year, pay i			onal benefit	contract?	🗌 Yes 🔀 No
Note: If "	Yes" to (b), file Form 8879 and Form					
	Under penalties of perjury, declare that belief, it is true, correct and complete. O	nave examined this naration of prepare	return, including accompanyin r (other than officer) is based i	g schedules a on all informa	and statements, and to the tion of which prepare nas	any knowledge and
Please	1 / My-71	new			teb	16 11
Sign	Signature of officer				Date	
Here	RAY PHILLÌPS		TI	RUSTEE	<u> </u>	
	Type or print name and title.		 -			
	Preparer's	D. B.	Date	Chec	k if Preparer's SS	N or PTIN (See Gen Inst. W)
Pald	signature	1 such	- 2.15-1	// self-		45624
, alu	Firm's name (or volus. OSBOR	NE, ROBB				502712
Preparer's	I Firm's name for votire CDDCIV				1 - 7	·
Preparer's Use Only	Transfer (or yours)	S 2300 E	SUITE 201		Phone no. ▶	
•	if self-employed), 4527	S 2300 E Lake Cit			Phone no. ► 8 0 / - 3	08.0220

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 4947(a)(1) Nonexempt Charitable Trust

2005

Department of the Treasury Internal Revenue Service

Supplementary Information — (See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

Name of the organization	Employer identification number								
COUNCIL FOR INTERNATIONAL ED	OUNCIL FOR INTERNATIONAL EDUCATION Part Compensation of the Five Highest Paid Employees Other Than								
(See the instructions. List each one. If there are none, enter "None.") Name and address of each employee paid more. (b) Title and average hours. (d) Contributions to (e) Expense									
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances					
NONE									
				;					
Total number of other employees paid over \$50,000 ▶	0		D - (1 0 -						
Part II-A Compensation of the Five High (See the instructions. List each one (wheth				ervices					
(a) Name and address of each independent contract	· · · · · · · · · · · · · · · · · · ·		of service	(c) Compensation					
NONE		()],		(-,					
		1							
Total number of others receiving over \$50,000 for									
professional services	O Doid Indonesia 6		Other Comiese						
Part II-B Compensation of the Five High									
firms. If there are none, enter "None." See	· ·								
(a) Name and address of each independent contract	or paid more than \$50,000	(b) Type	of service	(c) Compensation					
NONE									
7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	T								
Total number of other contractors receiving over \$50,000 for other services	o								
		L .							

Pa	rt III	Statements About Activities (See the instructions)		Yes	No
1	During t	he year, has the organization attempted to influence national, state, or local legislation, including any			•
	_	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
		red in connection with the lobbying activities ▶\$ (Must equal amounts on line	38,		1
		A, or line i of Part VI-B)	1		Х
	Organiz	ations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
	organiza	ations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the g activities.			
2	During t	he year, has the organization, either directly or indirectly, engaged in any of the following acts with any			ł
	_	tial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with an	ıv		1
		organization with which any such person is affiliated as an officer, director, trustee, majority owner, or princip	į.		1
		ary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			Ī
а		change, or leasing of property?	2a	ĺ	X
b		of money or other extension of credit?		 	X
c	_	ng of goods, services, or facilities?			X
ď		t of compensation (or payment or reimbursement of expenses if more than \$1,000)?		\vdash	X
	-		· -		X
e		of any part of its income or assets?	···· Ze	-	<u> </u>
3a		make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
		ermine that recipients qualify to receive payments.)			X
Ь		have a section 403(b) annuity plan for your employees?		ļ	X
С		he year, did the organization receive a contribution of qualified real property interest under section 170(h)?	Зс	ļ	X
4a		maintain any separate account for participating donors where donors have the right to provide advice			
		se or distribution of funds?		 	X
b	Do you	provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X
	rt IV	Reason for Non-Private Foundation Status (See the instructions.) on is not a private foundation because it is: (Please check only ONE applicable box.)			
5	–	urch, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	H	nool. Section 170(b)(1)(A)(ii) (Also complete Part V.)			
7	\vdash	spital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	\vdash	deral, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		dical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii) Enter the hosp	ital's name.	eltv.	
	and	state >			
10	(Also	rganization operated for the benefit of a college or university owned or operated by a governmental unit. Sec complete the Support Schedule in Part IV-A))(A)(IV	}.
11a	1 1	rganization that normally receives a substantial part of its support from a governmental unit or from the gener	ral public		
	_	on 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b	\blacksquare	mmunity trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A)			
12		rganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees			
	recei	pts from activities related to its charitable, etc., functions subject to certain exceptions, and (2) no more ti	han 33 1/3% (of its	
		ort from gross investment income and unrelated business taxable income (less section 511 tax) from busines	sses acquired	by th	е
	orgai	nization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)			
13	An o	rganization that is not controlled by any disqualified persons (other than foundation managers) and supports	organizations	3	
	desc	ribed in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509	9(a)(2).		
	Chec	k the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3			
		Provide the following information about the supported organizations. (See the instructions.)			
		(a) Name(s) of Supported organization(s)	une number rom above		
			<u> </u>		
1/1		reanization organized and operated to test for public safety. Section 509(a)(4). (See the instructions.)			

23-7215349

Page 2

Schedule A (Form 990 or 990-EZ) 2005 COUNCIL FOR INTERNATIONAL

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) 2004	(b) 2003	(c) 2002	(d) 2001		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)						
16	Membership fees received						
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	255,046	579,598		41,1	49	875,793
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,475	3,843	4,055	6,0	92	17,465
19	Net income from unrelated business activities not included in tine 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. Do 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	258,521	583,441				893,258
24	Line 23 minus line 17,	3,475	3,843	4,055	6,0	92	17,465
25	Enter 1% of line 23	2,585	5,834	41	4	172	
26	Organizations described on	lines 10 or 11: a	Enter 2% of amount	ın column (e), line 24	▶	26a	N/A
b	Prepare a list for your records	to show the name of a	nd amount contributed	d by each person (other	er than a		
	governmental unit or publicly s	supported organization) whose total gifts for a	2001 through 2004 exc	eeded the	1	
	amount shown in line 26a. Do	not file this list with y	our return. Enter the	total of all these excess	s amounts 🕨 📙	26b	N/A
С	Total support for section 509(a					26c	N/A
d	Add: Amounts from column (e) for lines: 18 22		19 26b	▶	26d	N/A
е	Public support (line 26c minus	•			· · · · · · · · · · · · · · · ·	26e	N/A
f	Public support percentage (I					26f	N/A %
27	Organizations described on person," prepare a list for your Do not file this list with your (2004)	records to show the n	ame of, and total amo	ach year:	year from, each "c	dısqu	"disqualified alified person "
b	For any amount included in lin show the name of, and amour (Include in the list organization computing the difference betwexcess amounts) for each year (2004)	nt received for each yeans described in lines 5 for the amount receiver:	ar, that was more than through 11b, as well a ed and the larger amo	the larger of (1) the a sindividuals.) Do not t	amount on line 25 file this list with to r (2), enter the su	for the form of	he year or (2) \$5,000 return. After
С	Add: Amounts from column (e	9) for lines 15 20 ar		. 16		27c	875,793
	17 Add: Line 27a total	013,133 20	nd line 27h total	21	·: [27d	0/3,/93
d	Public support (line 27c total r	ninue line 27d total\	id inie 270 total , ,	• • •		27u 27e	875,793
e f	Total support for section 509(a						0,13,193
•	Public support percentage (I					27g	98.04%
g h	Investment income percentage (i					27h	1.96%
		age (line 10, column (e					

Part V Private School Questionnaire (See the instructions)

	(To be completed ONLY by schools that checked the box on line 6 in Part IV) ${ m N/A}$			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other		Yes	No
	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			
	scholarships?	30		[
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			
	the policy known to all parts of the general community it serves?	31		Ī
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
	student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		1	
			1	
			1	
33	Does the organization discriminate by race in any way with respect to.		1	
			1	
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
_	· · · · · · · · · · · · · · · · · · ·			
f	Use of facilities?	33f		
g	Athletic programs?	33g		
	Other automorphism and an activities 0	001		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)		-	
	in you answered Tes to any of the above, please explain. (If you need more space, attach a separate statement)		-	
			1	
			ţ	
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	gagainstitute any minimum and of accordance from a governmental agency (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 		
ь	Has the organization's right to such aid ever been revoked or suspended?	34b		
_	If you answered "Yes" to either 34a or b, please explain using an attached statement.			<u> </u>
	,		1	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of		1	
	Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	Ī	

	ring Expenditures bompleted ONLY by an				tructions)			N/A
Check ▶ a If the org	anization belongs to an a	affiliated group. Che	ck ▶ b if	you che	cked "a" a	and "lin	nted co	ntrol" provisions appl
(The A	Limits on Lobbyin	•			Affiliated	a) d group tais	,	(b) To be completed for ALL electing
<u>`</u>	erm "expenditures" mean			1 00			\dashv	organizations
36 Total lobbying expend	•	·	:	36				
37 Total lobbying expend	~			37				·· · ·····
	litures (add lines 36 and 3			38				
39 Other exempt purpose				39			-+	
	expenditures (add lines	·		40				·····
41 Lobbying nontaxable		_						
If the amount on line		e lobbying nontaxable	_					
	20		I					
• •	t over \$1,000,000 \$10							
Over \$1,000,000 but n	ot over \$1,500,000 \$1, ot over \$17,000,000 \$22	75,000 plus 10% of the exces	I	41	·		-	
, , ,		,000,000						
Over \$17,000,000 42 Grassroots nontaxable				42			1	
43 Subtract line 42 from I	•	•		43			-	
	ine 38. Enter -0- if line 4			44				
44 Subulctime 41 Homi	ino do. Entor d'ir imb 1	The more trials and se .		1			l	
Caution: If there is an	amount on either line 43	or line 44, you must file	Form 4720.					
		r Averaging Period		on 50	1(h)			
(Some (organizations that made a					ve colu	mns be	low.
(000	, gameasono marmaso -	See the instructions for						
		Lobbying Expen	ditures During 4-	Year A	veraging F	eriod		
Calendar year (or fiscal	(a)	(b)	(c)			d) 002		(e) Total
year beginning in) ▶	2005	2004	2003					- I Otal
45 Lobbying								
nontaxable amount 46 Lobbying ceiling		<u> </u>						
amount (150% of line 45(e))						******		
47 Total lobbying								
expenditures								
48 Grassroots								
nontaxable amount 49 Grassroots ceiling	, , , , , , , , , , , , , , , , , , , ,			-				
amount (150% of line 48(e))								
50 Grassroots lobbying								
expenditures								
· · · · · · · · · · · · · · · · · · ·	ring Activity by Nor	_						NT / 70
	orting only by organization							N/A
During the year, did the or				iciuaing	any	Yes	No	Amount
attempt to influence public	· -					\vdash		
	ement (Include compens						\dashv	
•	•					\vdash		
c Media advertisemen		. ,				\vdash	-+	
•	s, legislators, or the publi					\vdash		
	olished or broadcast state					\vdash		
_	anizations for lobbying pu	•				\vdash		
	egislators, their staffs, gov					\vdash		
•	ons, seminars, convention nditures (Add lines c thro		•			 		
	nditures (Add lines c trird e above, also attach a sta					<u></u>	l	
11 Tes to any of the	above, also allacti a sta	dement giving a detailed	acomputin or the	, ioppali	ig activities	· · · · · · · · · · · · · · · · · · ·		

<u>ocr</u>	iedule A	(LOL	(11 990 of 990-EZ) 2	DOS COOMC	LL FOR INTERNATION	NAU 23-7215349			age o
_	art VII		Information Re Exempt Organia	garding Tra zations (See	ansfers To and Transaction e the instructions)	ns and Relationships With Non			
51						with any other organization described in	section	501(c)	of
			•		nizations) or in section 527, relating t				
				-	a nonchantable exempt organization			Yes	No
	(I) (Cash		<i></i>			51a(i)		X
	(II) C	Other	assets				a(ii)		<u>x</u>
- 1			sactions.						L
	(I) S	Sales	or exchanges of as	sets with a noi	nchantable exempt organization		b(i)		<u>x</u>
							b(ii)		X
	(III) F	Renta	al of facilities, equipm	nent, or other a	assets		b(iii)		X_
	(IV) F	Reim	bursement arrangen	nents			b(iv)		X
							b(v)		X_
				•	-		b(vi)		<u>X</u>
		_		_			С		<u>X</u>
•						ımn (b) should always show the fair mark			
	_			•		ization received less than fair market valu	e in any	transa	ction
	or sha	aring	arrangement, show	ın column (d)	the value of the goods, other assets	s, or services received:			
	(a)		(b)		(c)	(d)			
	⊔ne no.	·	Amount involved	Name of n	oncharitable exempt organization	Desc. of transfers, transactions, & sha	ring arra	ngem	ents
N/	A								
		- 1							
		- 1							
		- 1							
52a	Is the	orga	inization directly or ii	ndirectly affiliat	ted with, or related to, one or more t	ax-exempt organizations described in		, ,	
		_	-	-	on 501(c)(3)) or in section 527?		Yes	X	No
b			emplete the following		· · · · · · · · · · · · · · · · · · ·		٠٠٠ ل	L.	1
		<u> </u>	(a)	-	(b)	(c)			
		N	ame of organization		Type of organization	Description of relations	ship		
N/	A					<u> </u>			
•									
					İ				

SCHEDULE OF OTHER EXPENSES

Attachment 1: page 1 - 990 Page 2, Part II, Line 43

Attachment 1: page 1 - 990	Page 2, Part	II, Line 43		
Open to Public		01 0005	02 21	2006
Inspection For calendar year 2005 or tax pe	erlod beginning 04	– 01 – 2005, and en		
Name of Organization COUNCIL FOR INTERNATIONAL E	DUCATION		23 - 72153	
COUNCIL FOR INTERNATIONAL E		(B) Program	(C) Management	- 2006. entification Number 349 (D) Fundraising
Other Expenses	(A) Total	Services	and General	(D) Fundraising
PROGRAM SERVICES	15,954	15,954		
	,	·		
-				
	}			
Total	15,954	15,954	<u> </u>	<u> </u>

PROGRAM SERVICE ACCOMPLISHMENT

Open to Public						
Inspection	For calendar year 2005 or ta	x period beginning	04-01-2	005, and ending		<u>• </u>
Name of Organizati	on				Employer Identif	fication Number
COUNCIL FO	R INTERNATIONAL	EDUCATION		_	23-721534	9
Part III - Statement	of Program Service Accomplish	ments				
Grants and allocatio	ns	Amount includes	foreign grants	Program service e	xpenses	15,954
		Exempt Pu	rpose Achievem	ents	<u> </u>	

ORGANIZE ITINERARIES & LECTURES WITH UNIVERSITIES AND PROFESSORS: ADVERTISE & PUBLISH PROMOTIONAL MATERIAL FOR STUDENTS; COORDINATE TRAVEL ARRANGEMENTS, COLLECT TUITION AND PAY EXPENSES FOR UNERGRADUATE STUDENTS.

SCHEDULE OF OTHER ASSETS
Attachment 3: page 1 - 990 Page 4, Part IV, Line 58

Attachment 3: page 1 - 990 Page 4, Part	IV, Line 58		
Not Open to Pub			2006
	1-01-2005, and end		
Name of Organization COUNCIL FOR INTERNATIONAL EDUCATION		23 - 721534	tification Number 19
	Beginning	End	EOY FMV
Description of Other Assets	of Year	of Year	(990-PF Only)
FURN & EQUIP	5,551	5,551	
]	
	1		
		j	
Totals	5,551	5,551	

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 4: pag	ge 1 - 99	0 Page 5, Par	t V-A		
Open to Public	000F t		M - 01 - 2005	ending 03-31-	2006
Inspection For calendar Name of Organization	ir year 2005 or ta	ax period beginning C	4-01-2005, and		attification Number
COUNCIL FOR INTER	RNATIONAL	EDUCATION		23-72153	
(A) Name and Addr		(B) Title and Average	(C) Compensation (If	(D) Cont. to Employee	(E) Expense Account
		Hrs. per Week	not paid, enter 0)	Ben. Plans & Def. Comp.	& Other Allowances
RAY PHILLIPS		TRUSTEE			
701 11TH EVE		0.00			0
Salt Lake City, U		TRUSTEE	0	0	0
MICHAEL A WENDLER 2087 PINNACLE HIGHLAND		0.00			
Salt Lake City, U		0.00	0	o	0
F W CHAMP		TRUSTEE			
875 DONNER WAY		0.00			
Salt Lake City, U			0	0	0
JOHN PEACH		TRUSTEE			
PO BOX 5376 Yuma, AZ 85364		0.00	0	o	0
iuma, AZ 65364					0
			1		
		1	1		

BOOKS ARE IN CARE OF

Attachment 5: page 0 - 990 Page 7, Part VI, Line 91a 04-01Attac, and ending 03-31-2006. For calendar year 2005 or tax period beginning **Employer Identification Number** Name of Organization 23-7215349 COUNCIL FOR INTERNATIONAL EDUCATION Part VI - Line 91a Individual Name RAY PHILLIPS or Business Name. U.S. Address: City SALT LAKE CITY State UT 84102-4022 or Foreign Address Country (801)355-3630 Phone Number

PART VII - ANALYSIS OF INCOME-PRODUCING ACTIVITIES

Attachment 6: page 1 - 990 Page 8, Part VII, Line 93

Open to Pu
Inspection For calendar year 2005 or tax period beginning 04-01-2005, and ending 03-31-2006.

Name of Organization Employer Identification Number COUNCIL FOR INTERNATIONAL EDUCATION 23-7215349

	INCIL FOR INTERNATIONAL E	DOCALION			23-7215349		
		Unrelat	ed business income		by section 512, 513 or 514	(e)	
tem	Program Service Revenue	(a) business code	(b) Amount	(c) Excl. code	(d) Amount	(e) Related or exempt function income (see instructions)	
<u>.</u>	FEES	1 0000				10,876	
_						•	
		ا					
		1					
	İ						
				1 1			
	ł						
					i		
				1			
					,		
				1 1			
]			
		Totals		_]		10,876	

SCHEDULE OF RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

Open to Public			
Inspection	For calendar year 2005 or tax period beginning	04 - 01 - 2005, and ending	03-31-2006.
Name of Organization			Employer Identification Number 23 – 7215349
Line Number	Briefly describe how the activity reported in column ((E) of Part VII specifically contributed ther than by providing funds for suc	•

SCHEDULE OF INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARED ENTITIES

7 to to a 22-1-1-1	. 0 1 000		SREGARED ENTITIES	8	
Open to Public	8: page 1 990	Page 8, P	art IX		
Inspection	For calendar year 2005 or	tax period beginning	ng 04-01-2005, and 6	ending 03-31-	2006.
Name of Organizat			<u>.g</u>		ntification Number
COUNCIL FO	R INTERNATIONA	L EDUCATIO	N	23-72153	
	(A)	(B)	(C)	(D)	(E)
	, and EIN of Corporation,	Percent of	Nature of Activities	Total Income	End-of-Year
	or Disregarded Entity	Ownership Int.			Assets
N/A					
		i			
		!			
		ĺ			